



Hampshire County Council

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

I. A. MacDOUGALL, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

FOR THE YEAR

1957

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H A M P S H I R E C O U N T Y C O U N C I L

REPORT FOR THE YEAR 1957

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

I N T R O D U C T I O N

To the CHAIRMAN and MEMBERS of the HAMPSHIRE COUNTY EDUCATION COMMITTEE

I have pleasure in submitting the Annual Report on the work of the School Health Service for the year ended 31st December, 1957.

As this is the Jubilee Year of the foundation of the School Health Service in 1908, Dr. Bacon, in preparing this Report, has looked back at the Reports of 50 years ago and drawn some comparisons which I am sure will be of interest to you. There can be no doubt that the part played by the School Health Service has resulted in immeasurable benefits to the health of the children in the County.

One wonders has the time perhaps come when some adjustments should now be made to the manner in which the School Medical Inspections are carried out and whether better service could not now be given by discontinuance of certain routine practices, for instance the intermediate medical examination. I am proposing to have a general review of school inspection procedure and will be reporting to you on this matter during the coming year.

The active programme for the improvement of sanitation in schools has continued apace and it is hoped that within the next year or two waterborne sanitation will be provided for all but seven of the County and Controlled Schools. The seven exceptions being where there are particular difficulties of soil and site and which it is hoped to replace by new schools within the next ten years.

It is pleasing to record that there has been a slight improvement in the dental staffing position during the year under review, but we are still far from the desirable state of being able to give dental cover to all schools in the County.

Of the infectious diseases I should perhaps mention the "Asian" influenza outbreak which reached Hampshire during the summer holidays and first appeared in the schools in September. It is not possible to say how many staff or children developed influenza, though some indication of its extent is given by the fact that on 23rd October 13,325 schoolchildren (15.9%) were absent from school, the great majority on this account. The disease was however invariably mild in children though some suffered relapses or second attacks.

Poliomyelitis affected 45 schoolchildren during the year, the largest number in any year so far recorded. The severity of the disease was however remarkably low, one child died and only four were left with any residual paralysis. The poliomyelitis vaccination scheme was introduced during the year and as vaccine becomes more plentiful it is hoped to arrange vaccination of a big percentage of schoolchildren.

Finally in concluding this introduction, I express my gratitude to Dr. Bacon for the great deal of careful work and research he has put into the preparation of this Report. My sincere thanks are also due to all members of the School Health Service, medical, dental, nursing and lay, for another year's conscientious work.

I.A. MacDOUGALL

Principal School Medical Officer.

SPECIAL SERVICES EDUCATION SUB-COMMITTEE.
(Membership on 31st December, 1957).

The Viscountess Portal, M.B.E. (Chairman)	A. Lubbock Esq., (Chairman of the County Council)
A.A. Ards Esq.	Mrs. R.S. Madocks.
Mrs. A. Dale.	J.W. Parr Esq.
Miss S.M. Longstaff.	A.H. Quilley Esq., M.B.E. (Chairman of the Education Committee)
	Miss G.K. Stubington.

Selected Members.

R. Charlton Esq., O.B.E.	Miss C.A. Kingsmill
J.T.S. Hutchins Esq.	Miss F.K. Nobbs
	L.J. Smart Esq.

STAFF.

The position as at the 31st December, 1957, was as follows:-

Principal School Medical Officer

I.A. MacDougall, M.B.E., M.R.C.S., L.R.C.P., D.P.H.

Deputy Principal School Medical Officer

L.J. Bacon, M.A., M.D., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

Medical Officers:

(employed by the County Council as Local Education
and Health Authority)

Whole-time.

Esther Ashworth, M.B., Ch.B., D.P.H.
Catherine Avery, M.D., B.S., D.P.H.
Aileen Dring, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., D.P.H.
Joan B. Nuttall, M.B., B.S.
D.M. Richardson, M.R.C.S., L.R.C.P., D.P.H.
Phyllis Watson, M.R.C.S., L.R.C.P.

Part-time.

Sarah Boyle, L.R.C.P., L.R.C.S., D.P.H.
Laurel Campbell, M.R.C.S., L.R.C.P.
Margaret Cowan, M.B., B.Ch., D.Obst.R.C.O.G., D.C.H.
T.F.H. Duffell, M.R.C.S., L.R.C.P., C.P.H.
Muriel Evans, M.D., F.R.C.S.
Hilda M.P. Hunt, M.B., B.S., D.P.H.
Aldyth Munro, M.B., Ch.B.

Also Medical Officers of Local Sanitary Authorities

J. Coutts-Milne, M.B., Ch.B., D.T.M. & H., D.P.H.
M. Crowley, M.B., B.Ch., D.P.H.
F.H.M. Dummer, M.B., Ch.B., D.P.H.
W.A. Glen, M.B., Ch.B., D.P.H.
R.A. Good, M.B., B.Ch., D.P.H.
S. Howitt, M.B., B.S., B.Hy., D.P.H.
Esther Jackson, M.B., Ch.B., D.P.H.
P.L. Karney, M.B., B.S., D.P.H.
J. Craig Lindsay, T.D., M.B., Ch.B., D.P.H. (Aldershot Divisional
School Medical Officer).
D.J.N. McNab, M.B., Ch.B., D.P.H.
S.C. Parry, M.A., M.R.C.S., L.R.C.P., D.P.H.
P.V. Pritchard, M.D., F.R.C.P. (Edin.), F.R.F.P.S., D.P.H. (Gosport
Divisional School Medical Officer).
W.C.D. Walmsley, M.B., Ch.B., D.P.H.

The equivalent of 9.8 whole-time Medical Officers were engaged in
School Health work.

Principal School Dental Officer:

Mr.C.C.Chadwick, L.D.S.

Dental Officers:

Whole-time

Mr.T.E.Black, L.D.S., R.F.P.S.(Glas).
 Mr.I.J.Campbell, B.D.S.(Edin).
 Mrs.J.Carruthers, L.D.S.
 Mr.S.E.H.P.Dodds, L.D.S.
 Mr.R.T.Hale, L.D.S., R.C.S.(Eng).
 Mr.L.J.Haworth, L.D.S., R.C.S.(Eng).
 Mr.P.Jeffery, L.D.S., R.C.S.(Eng).
 Mr.J.A.Lency, L.D.S.
 Mr.K.Lency, L.D.S.
 Mrs.E.McGregor, L.D.S.
 Mr.R.A.Nicol, L.D.S., R.F.P.S.(Glas).
 Mr.F.E.Norris.
 Colonel W.B.Purnell, L.D.S.
 Mr.E.J.Taylor, L.D.S., R.C.S.(Eng).
 Major General J.Wren, C.B., C.B.E., B.D.S.(I), F.D.S., R.C.S.

Part-time

Mr.M.R.Allin, L.D.S.
 Mrs.A.W.Black, L.D.S., R.F.P.S.(Glas).
 Mr.A.H.Chivers, B.D.S., L.D.S.
 Mr.F.H.F.Clapperton, L.D.S.
 Mr.C.J.Crocker, L.D.S., R.C.S.(Eng).
 Mrs.B.Durbin, L.D.S., R.C.S.(Eng).
 Miss J.Gordon-Ralph, L.D.S., R.C.S.(Edin).
 Mrs.B.Harden, B.Ch.D., L.D.S.
 Mrs.I.Leach, L.D.S.
 Mr.W.J.A.Reed, L.D.S., R.C.S.(Eng).
 Mr.D.J.Ryan, B.D.S., L.D.S., R.C.S.(Eng).
 Mr.Murray Shaw, L.D.S., R.C.S.
 Mr.I.T.M. St.George, L.D.S., R.C.S.(Eng).
 Mr.J.Watson, L.D.S., R.C.S.(Eng).

Dental Anaesthetists (part-time)

Dr.J.E.Ainsley, L.R.C.P., L.R.C.S., L.D.S.
 Dr.Mary Brown, M.B., B.Ch., B.A.O.
 Dr.Dorothy Jones, B.A., M.R.C.S., L.R.C.P.
 Dr.N.Mark, M.B., B.Ch., B.A.O., D.A.
 Dr.Catherine Ormerod, M.B., B.Chir, M.R.C.P.

Oral Hygienist:

Miss S.D.Cox.

The equivalent of 19.99 whole-time Dental Officers (and 0.56 medical anaesthetists) were engaged in the School Dental Service.

Dental Attendants: 16 (whole-time) Equivalent of
 13 (part-time) 20.6 whole-time Dental Attendants.

School Nurses:

Acting Superintendent

...

Miss M.A.Wadham

School Nurses

68 (whole-time HV/SN)
 + 12 (part-time " ")

} Equivalent of 13.20 whole-time
 School Nurses.

+ 2 Health/Tuberculosis Visitors and
 10 District Nurse/Midwife/Health Visitors.

Child Guidance Team:

Dr.V.L.Kahan, L.M.S.S.A., D.P.M.
 Vacant.
 Mr.R.C.Dove, B.A.
 Miss V.M.W.James, M.A.
 Miss J.Emery
 Miss D.Shophord, M.A.
 Mrs.M.Brittain

Consultant Child Psychiatrist (R.H.B.)
 Assistant " " (R.H.B.)
 Senior Educational Psychologist.
 Educational Psychologist.
 Psychiatric Social Worker.
 Psychiatric Social Worker.
 Social Worker.

County Oculist:
 (Regional Hospital Board).

County Orthoptist:
 (Regional Hospital Board)

Dr.Christina Stoddart, M.B., Ch.B.

Miss D.L.Mully.

Speech Therapy:

Chief Speech Therapist:

Assistant Speech Therapists:

Mr.A.P.Tolfree, F.C.S.T., L.R.A.M.,
 L.G.S.M., M.R.S.T. (part-time)

Miss M.P.Francis, L.C.S.T.
 Miss E.I.Osmond, L.C.S.T.
 Miss A.Shaw, L.C.S.T.
 One vacancy.

Audiometrician:

Mr.F.R.Vitoria

Administrative Assistant:

Mr.P.L.Lloyd, D.M.A.

FIFTY YEARS AGO

This is the fiftieth Annual Report upon the school health and medical services in Hampshire.

The scheme of medical inspection started in October, 1908, so that the report for that year was necessarily a very incomplete one. The first full report, which was for the year 1909, makes very interesting reading and some extracts from it, and a number of comparative data, have been included in the body of this Report. The School Medical Officer at that time was Dr. Robert Lyster, who subsequently became a recognised authority on school medical work. In writing his report on the service in 1909, he showed a lively awareness of the many ways by which a child's health affects its education, and vice versa, and there is remarkably little in what he then wrote with which one could not now agree.

Fifty years ago there were 52,720 children attending 350 Elementary Schools (i.e. up to age 14) in the County. There was much more serious disability among the children than now, and the first task with which Dr. Lyster was confronted was to ascertain the extent of this. For this purpose he had but two Assistant Medical Officers, who examined nearly 16,000 children in the year, approximately one-third of them being new Entrants, one-third leavers, and one-third children specially selected by the teachers. No school nurses were employed, but two teachers assisted at each inspection, one undertaking the clerical work and the other preparing the children. Dr. Lyster regarded the inspection as an educational exercise of the greatest value for both teachers and children.

The children selected for special inspection were (a) those whom the teachers could not classify as "normal, clean and healthy", (b) irregular attenders and (c) orphans. The children selected under the first of these headings were mostly verminous, or suspected of defective sight or of diseased tonsils or adenoids, or dull.

The examination of irregular attenders led not only to the discovery of sick children but also to greatly improved attendance. The selection for special inspection of all orphans is of particular interest. "Examination of these 'boarded out' orphans is most desirable, because it is only reasonable to imagine that poor nutrition, gross neglect, and even cruelty may occasionally be detected when it is remembered that, in most cases, these children are taken in by the foster-parents for monetary gain". Dr. Lyster noted a marked improvement in this group of children when medical inspection was instituted. He also paid special attention to children whose parents were in receipt of out door relief, observing that they were often underfed, and suggested that part of this relief should take the form of meals provided for them at or near the school.

It is clear both from what Dr. Lyster wrote and from the numbers of children examined that he was in the main dealing with grosser and more obvious defects than we find today. Indeed, it is true to say that during the past half century school medical inspection has become progressively more concerned with minor and early departures from the normal. Even so, in 1909 26.9% of entrants examined routinely, and 30.6% of leavers, were found "requiring medical attention" otherwise than for vermin or teeth as compared with 19.5% and 18.7% respectively in 1957.

Dr. Lyster saw the School Medical Service as a part of the Public Health Services, and placed a high value upon his contacts with the District Medical Officers of Health in respect of children found at school to be unclean, underfed, ill-clad, or verminous. As a result of the District Medical Officers of Health's inquiries 5.9% of the children examined at routine inspection were found to live under bad housing conditions, and a number of younger (pre-school) children were brought to light as in need of medical attention.

Standards of school construction were in many respects lower in 1909 than now, and Dr. Lyster was very alive to the effects of the physical conditions in the schools upon the children's health. Many of the schools were very poorly lit, owing to nearby trees or buildings, and small windows with stained or opaque glass; and he commented particularly upon the danger to eyesight of prolonged sewing or reading of small print under these conditions. Most schools had artificial lighting by oil-lamps, or none at all. Sanitary and lavatory conditions came under heavy fire. He placed a high value upon open-air teaching, and the report includes photographs of open-air classes at Ringwood and at Liss. The proximity of many country schools to main roads was beginning to give rise to danger from cars, but the main complaint against the latter was the dust they raised.

Sixtythree schools were closed in 1909 on account of infectious disease. Dr. Lyster in his report made it clear that he regarded this as quite the wrong way to stop epidemics - a view which has since become accepted. He was hampered by the very imperfect information available to him as to the prevalence of infectious disease both in the schools and in the population generally, and strove to remedy this both through his contacts with the District Medical Officers of Health and by informal arrangements with Head Teachers.

The School Medical Service was at first concerned only with finding defects - not with treating them. Less than half the children recommended for medical treatment in 1909 received it. Dr. Lyster recognised the limitations of such a system and reviewed the available treatment facilities for those who could not afford to pay a local doctor. There was no health insurance system. The Hospitals, relying on the gratuitous services of the medical staff, were protesting at the influx of children referred from school medical inspections. The Poor Law covered only a very limited section of the community.

Dr. Lyster's suggestions to meet the deficiency were as follows - (a) the formation from among the Managers of each school of a committee to co-ordinate local philanthropic work and also to work through the Poor Law Authority and so secure financial aid to get the children treated, (b) prosecution under the Children Act (1908) of parents who wilfully neglected to obtain medical treatment for their children, (c) financial assistance to parents by the Education Authority under the Education (Administrative Provisions) Act of 1907, (d) pressure upon parents by the school attendance officers, (e) appointment of Health Visitors to advise on home treatment, (f) provision of bathing and sterilising facilities in the schools to treat dirty and verminous children, (g) direct provision of medical treatment by the Education Authority in School Clinics, (h) indirect provision of treatment, through General Practitioners, on a voucher system.

As a first step towards the direct provision of treatment, sight-testing by refraction was carried out by the School Medical Officers in selected schools on Saturday mornings, and spectacles provided at cheap rates (2/2d. to 3/1d. per pair).

It is, however, clear from his report that though Dr. Lyster regarded the provision of treatment as an unavoidable extension of the School Medical Service, he was particularly interested in the prevention of defects. To this end he advocated education of the older girls to make them better wives and mothers, detection of defects among babies by visiting the homes of those school children who show any evidence of ill-health or neglect, the appointment of one or more whole-time Health Visitors for this purpose, the re-orientation of the work of school attendance officers to make them what they have in fact now become - i.e. education welfare officers, "the provision of a proper medical service available for all people who are unable to provide the same", and many modifications of school equipment, construction, and regime to promote the health of the pupils. Among these latter he particularly advocated the provision of meals under the Education (Provision of Meals) Act.

A constantly recurring theme in this very stimulating report for 1909 is the need for health education in the schools. Talks were given to the assembled parents at the commencement of the medical inspection, and the medical officers gave hygiene lessons in the schools; but Dr. Lyster emphasised that it was upon the teachers that this duty must for the most part fall, and advocated classes for teachers and student teachers in "hygiene and temperance". He believed that meals taken in school (many children brought their own) provided a particularly fine educational opportunity. He believed also that teachers could exert great influence in securing dental hygiene, and advocated the sale of tooth-brushes in school. In proposing the local committees of School Managers to secure medical treatment for children, he suggested that they should regard themselves as having a duty to instruct parents on the importance of securing the health of their children.

- - - - -

General Statistics.

Number of school children on registers of Maintained Schools - 101,816 (Sept. 1957)

	<u>Nursery Schools</u>	<u>Primary Schools</u>	<u>Secondary Grammar</u>	<u>Schools Modern</u>	<u>Further</u>	<u>Totals</u>
New School or Dept. premises opened	-	6	-	7	1	14
Permanent closures	-	2	-	2	-	4

Number of Schools at 31.12.57.

County	1	187 [≠]	14	50	4 ^o	256
Voluntary	-	180	3	2	-	185
Total	1	367 [≠]	17	52	4 ^o	441

Average number of
children on school
registers in school
year 1956-57

36	68,226 [≠]	7,502	23,961	-	99,725
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[≠] includes 2 Special Schools and 3 Hospital Schools.

^o now includes the County Farm Institute.

The number of children attending Maintained Schools has increased by over 3,700 in the past year, a continuation of the steady and rapid expansion of the post-war years. In 1909 there were 52,720 children in Elementary schools (to age 14).

MEDICAL INSPECTION AND TREATMENT.

The number of children examined at periodic inspections (23,544) was lower than in 1956 (26,066) because more time was spent by the medical staff re-examining children (26,555 in 1957 as against 21,569 in 1956). The number examined fell far short of the 30,000 or so who were due for periodic examination and the number of schools not visited remained disturbingly high (101 at the end of 1957 as against 112 at the end of 1956). However, additional medical staff have now been appointed and an improvement in the position can be anticipated during 1958.

Children medically examined as to their fitness to be employed out of school hours numbered 1775.

RESULTS OF INSPECTION.

Results of examinations of school children by the School Medical Officers are shown in the Ministry's Tables at the end of this Report.

The percentage of children found at Periodic Medical Inspection to be in need of treatment for defects other than dental disease or vermin (see Table I C) is compared with previous years as follows:-

	1909	...	28.8%			
1948	...	18.5%		1953	...	11.8%
1949	...	19.8%		1954	...	14.4%
1950	...	19.0%		1955	...	12.2%
1951	...	17.5%		1956	...	18.1%
1952	...	12.4%		1957	...	20.4%

The sharp rise in 1956 resulted from a change in classification to which I referred last year. These figures relate to children with one or more defects requiring or receiving treatment. The figures for defects found (Table II A) are very much greater, partly because a child may have more than one defect but mainly because the majority of defects found are referred for observation. The total defects ("treatment" plus "observation") at periodic examinations were 81.4% (70.4% in 1956; 82.1% in 1955).

A special inquiry was commenced in the Autumn term to assess the value of Periodic Medical Inspection as a defect-finding procedure. We know from the figures given above that a large number of defects, of sufficient severity to require treatment, are recorded in this way; and more than twice this number are found requiring observation. What is not revealed by the returns normally received is how many of these defects were already known to the parent or already receiving treatment from the family doctor. Until recently the point was of little practical importance because there was a statutory obligation on Education Authorities to carry out the three periodic medical inspections. It is, however, now open to Authorities, with the consent of the Minister, to reduce the number of periodic inspections, and this raises the question whether the time of doctors and nurses could be better spent in the examination of selected children.

It was therefore decided to make inquiry, with respect to every defect found at Periodic School Medical Inspection, as to whether it was previously known to the parents and if so whether medical advice had been sought; and the inquiry was also extended to determine, with respect to each defect, whether it presented any sign or symptom which would have enabled it to be discovered by any procedure short of full medical inspection.

The inquiry is continuing in 1958, but the findings in the Autumn point sufficiently clearly to the need for a revision of our inspection procedure. The salient points which have so far emerged are that (i) almost exactly half the recorded defects, in each age-group, were previously unknown to the parents (or, if known, were untreated though requiring treatment). These unknown (or untreated) defects numbered 295 per 1,000 children examined (409 per 1,000 Entrants, 154 in Intermediates, 81 in Leavers). (ii) Almost all the defects found at the Intermediate and Leavers' Inspections could have been found or suspected by either (a) more thorough medical inspection on school-entry, or (b) sight-testing or (c) audiometry, or (d) observation of the children at work and play or (e) consultation with the Head Teacher.

Modification of our inspection procedure along these lines is under discussion at the time of writing.

Table II B shows the "physical condition" of pupils examined at Periodic Inspection, in the two categories "satisfactory" and "unsatisfactory": 0.15% of children were regarded as "unsatisfactory" as compared with 0.92% last year. This difference may not be significant in view of the small number of children involved and the fact that this classification was introduced last year for the first time. These "unsatisfactory" children are almost invariably

recommended for some special consideration, such as a period of convalescence, or a stay in an Open Air School, or additional nourishment, or special investigation of home management by the School Nurse.

It would have been particularly interesting to be able to compare the percentage of "unsatisfactory" children in 1909. This is not possible because there is no means of ensuring that comparable standards were then applied; in fact, a consideration of the numbers of certain types of defect found (e.g. "deformity", paralysis, rickets and tubercle) strongly suggests that the medical inspectors in that year were concerned with very much grosser defects than nowadays. The nearest comparison with our "unsatisfactory" pupils is perhaps afforded by the 2.15% of children who were reported in 1909 as "badly nourished".

Skin Conditions. There were fewer skin conditions found in 1957 than in the previous year. The following is an analysis of the conditions found at periodic medical inspection:-

Skin Conditions.

			<u>Treatment.</u>	<u>Observation</u>
Eczema or dermatitis	...	...	36	41
Urticaria or allergy	...	...	15	41
Chilblains	...	...	5	6
Psoriasis	...	...	9	7
Ichthyosis or dry skin	...	...	8	46
Naevus	...	...	10	51
Seborrhoea	...	...	2	17
Acne	...	...	54	69
Warts Plantar	...	...	46	2
Other	...	...	36	39
Ringworm	...	...	9	1
"Athlete's Foot"	...	...	12	4
Impetigo	...	...	6	2
Scabies	...	...	-	1
Herpes	...	...	4	4
Boils and ether septic conditions	...	...	9	10
Injuries and burns	...	...	3	11
Keloid or other scars	...	...	5	7
Other	...	...	28	32
TOTAL			<u>297</u>	<u>391</u>

During 1957, 36 new cases of ringworm were reported from various sources, scattered throughout the County. In 8 of these cases the infection was of the scalp and all attended hospitals for treatment. In 1909, 144 cases of ringworm were reported among schoolchildren.

Plantar Warts were found at periodic inspection in 0.2% of children; among secondary school children the incidence was 0.34%.

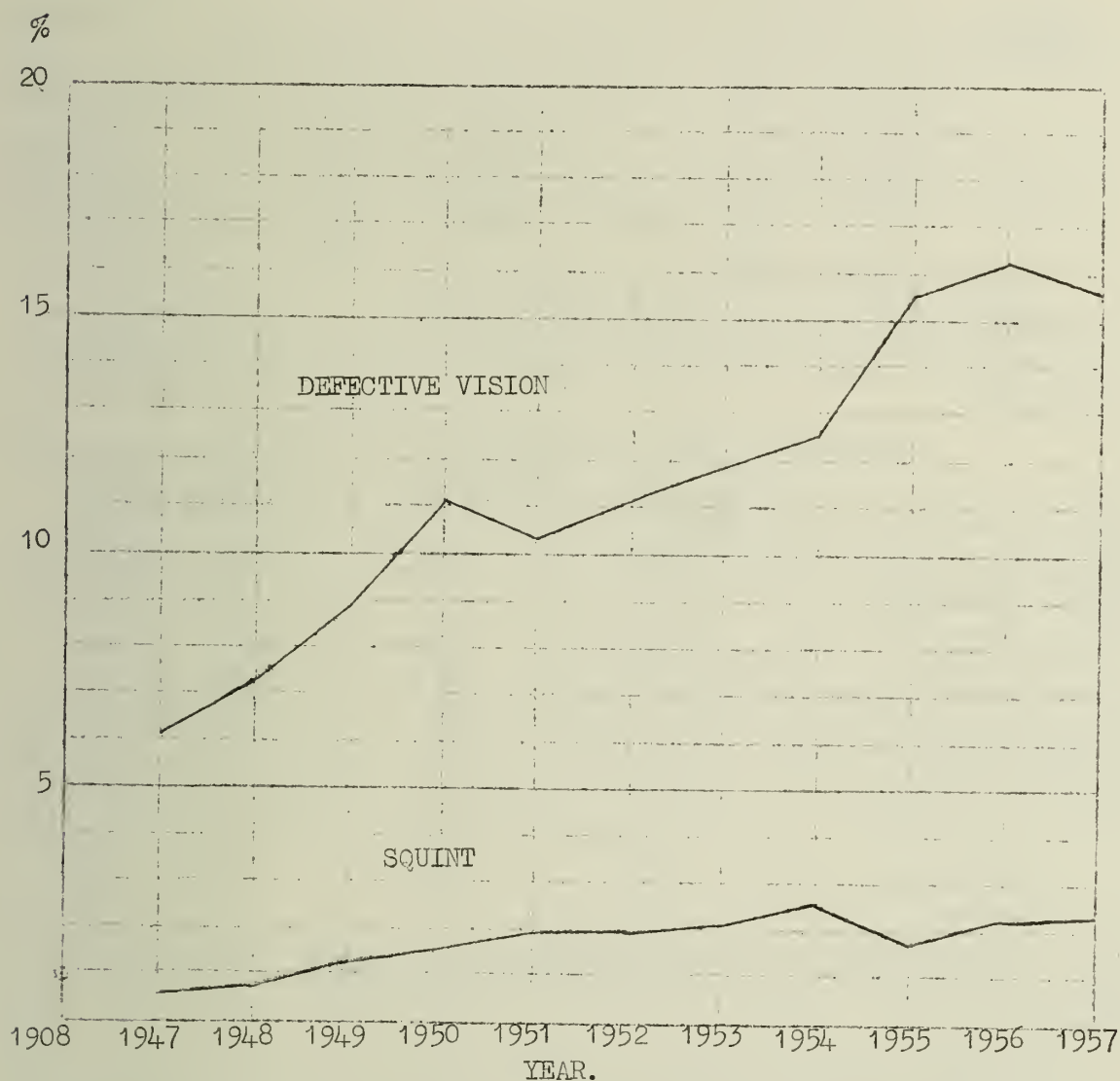
Children treated at the Clinics for skin conditions of all types numbered 159 in 1957 as compared with 201 in 1956.

Defective Vision and Squint. The incidence of defective vision (other than squint) was 15.7 per 100 children examined at periodic inspection, as compared with 16.2 the previous year. This decrease is to be welcomed, though the high incidence remains a matter for concern. In 1948 the figure was 7.0, and it has risen almost steadily since.

In 1909, 6.6% of leavers were found on routine inspection to have defective vision; the eyesight of entrants was not tested. There was a marked excess of girls over boys with bad eyesight, and Dr. Lyster wrote that "there is every reason to associate this fact with the insane

practice of subjecting very young children to the eye-torture which is associated with sewing exercises and small writing". Separate statistics are no longer kept for the two sexes, but a sample check showed no excess now of girls over boys with defective vision - which perhaps lends support to Dr. Lyster's view.

PERCENTAGE OF CHILDREN FOUND AT PERIODIC MEDICAL INSPECTION
TO HAVE DEFECTIVE VISION AND SQUINT.



I. Analysis of Defects found at Ophthalmic Clinics in New Cases, 1957.

Age	1- [≠]	2-	5-	8-	11-	14-18	5-18	0-18
Squint	56	86	146	52	51	5	254	396
Myopia	-	3	47	125	161	72	405	408
Astigmatism or								
Hypermetropia	7	8	154	106	80	32	372	387
Other defects	2	4	16	10	15	6	47	53
"No defect"	6	12	101	86	81	45	313	331
Total:	71	113	464	379	388	160	1,391	1,575

[≠] Children under 12 months old are referred direct to Hospital.

II. Percentages of defects found at School Eye Clinics (age 5 - 18).

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>
Squint	16.5	14.3	16.2	18.2
Myopia	28.0	30.2	27.7	29.1
Astigmatism or				
Hypermetropia	30.2	31.7	31.7	26.7
Other	1.6	3.0	3.1	3.4
"No defect"	23.7	20.8	21.3	22.6
	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>

Squint. The incidence in the last eleven years has been as follows (per 1,000 children examined at periodic medical inspection):-

1947 ..	6.4	1953 ..	20.7
1948 ..	8.5	1954 ..	25.3
1949 ..	12.1	1955 ..	17.9
1950 ..	16.2	1956 ..	21.6
1951 ..	19.4	1957 ..	22.4
1952 ..	19.8		

The incidence in 1909 was 9.8 per 1,000.

There are 14 school Eye Clinics in the County, of which 3 are held in Hospitals.

Summary of Work of Ophthalmic Clinics, 1957.

	<u>New Cases</u>	<u>Re-examinations</u>	<u>Total</u> (1957)	<u>Total</u> (1956)
No. of children seen	1317	2424	3741	4476
Total Attendances	1317	2978	4295	5009
Glasses ordered for the				
first time	662	170	832	988
Lenses changed	-	1280	1280	1682
Glasses discontinued	-	231	231	323
Recommended for				
orthoptic treatment	36	90	126	134
Referred for advice				
re operative				
treatment	9	39	48	36
Other treatment	10	4	14	39

NOTE:- In addition to the above, 356 children called to the School Eye Clinic preferred to have ophthalmic treatment otherwise than at the clinics.

Fortyeight children examined at the Clinics were referred to Ophthalmic Departments of Hospitals. In addition 18 school children not referred by the Oculist, were reported as having had in-patient treatment in Hospitals.

Glasses. All glasses prescribed at the Eye Clinics continue to be provided through the Supplementary Ophthalmic Services of the National Health Service (except salvoc splinterless lenses, glasses with a ptosis crutch, and where two pairs of glasses are considered necessary by the Oculist - such glasses are provided by the South West Metropolitan Regional Hospital Board). During the year, 2112 new prescriptions for glasses were issued.

Orthoptic Treatment. During the year 126 school children examined at the Clinics were recommended for orthoptic examination and/or treatment. Of these, 66 cases were referred to the Orthoptist and the remainder were referred to the Ophthalmic Departments of Hospitals.

The following is the report of the County Orthoptist who is employed by the Regional Hospital Board and treats both school children and adults in her clinics:-

"The clinics held throughout the County continued to run quite smoothly during 1957 and a general increase of work was noticed.

Winchester. There was a marked increase in the numbers of children who underwent surgical treatment, thus making duties at the Royal Hants County Hospital very heavy. In addition, numbers of adults were treated for general ocular defects, this rather sadly allowing less time than ever for the treatment of children referred from the school oculist.

Basingstoke. This town is rapidly expanding and also with it the numbers of cases referred to the clinic. Three surgeons refer cases here, again it is extremely busy and treatments have to be curtailed. Results however are very good.

Alton. The size of this clinic varies, it still remains the smallest, but treatments can be given and results have been very good.

Andover. A third session per week may soon commence, the work continues along the usual lines. Occlusion is still very successful under eleven years of age and when followed up by intensive training results are first rate.

The co-operation of both consultants has been much appreciated throughout the year. With the increase of work it has been very difficult to keep abreast of clerical duties and it would appear that a second Orthoptist may soon be required. Results however are good and it is most satisfying work."

Defective Hearing.

In 1909, 1.07% of 5 and 13 year old children were found on routine inspection to have defective hearing; and 0.75% (presumably included in these) had discharging ears. The figures for the comparable age-groups in 1957 were 0.53% with deafness, and 0.15% with otitis media, sufficiently severe to require treatment.

A full-time Audiometrician visits the schools in rotation, testing all children aged 8 or 12 by Group (Gramophone) Audiometer. In addition he tests small numbers of other children referred specially by Head Teachers or as a result of medical inspection. The results for 1957 are shown in the following Tables. All but three schools (other than Infants Schools) were visited during the year.

1957	8 yr. old (Born 1949)		12 yr. old (Born 1945)		Total Grand Total		Specials (selected)		Re-tests		
	B	G	B	G	B	G	B	G	B	G	
Children examined by Audiometrician	5054	4928	4457	4170	9511	9098	18609	140	102	323	285
Number with hearing loss of 9 or more Db in one ear	62	41	69	61	131	102	233	57	41	114	108
% " " "	1.22	0.83	1.54	1.46	1.37	1.12	1.25	40.7	40.2	35.3	37.8

The audiometric arrangements together with the periodic medical inspections result in a child's hearing being reviewed at the ages of (approximately) 5, 8, 11, 12 and 14.

The following Tables present an analysis of the degree of hearing loss. Few cases of severe bilateral deafness appear, because such children are for the most part in special schools, and are not covered by the routine audiometry here reported.

13.

A. Children with hearing loss in one ear only

Loss in Decibels	9	12	15	18	21	24	27	30	Total
No.of children born in 1949	31	33	7	6	-	1	1	9	88
No.of children born in 1945	41	36	7	6	1	3	1	17	112
Total	72	69	14	12	1	4	2	26	200

B. Children with hearing loss in both ears

(a) Children born in 1949 (15)									(b) Children born in 1945 (18)								
Loss in better ear	Loss in worse ear								Loss in worse ear								
	9	12	15	18	21	24	27	30	9	12	15	18	21	24	27	30	
9	5	1	1	1	1	-	-	-	8	-	-	1	-	-	-	-	1
12	-	3	-	-	-	-	-	-	-	3	3	-	-	-	-	-	1
15	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	1	-
24	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-

I have reported previously on an enquiry planned to try to assess the value of audiometry. The children selected were those tested routinely between May 1955 and December 1956 (30,250 children approximately). Of these, 883 were found to have a hearing loss of 9 or more decibels, and 181 of them were not previously known, by their parents or anyone else, to be deaf. Almost all the children have now been investigated and, where necessary, treated, and the results are as follows:-

Diagnoses						No. of children	
Wax	47
Foreign body	1
Otitis externa	1
Otitis Media	4
Scarring or perforation of drum	4
Diseased nasopharynx	28
Deafness due to head injury	2
Deafness, cause undetermined	3
No abnormality found	86
Investigations incomplete	5
							<u>181</u>
Result of audiometric re-test							
Investigated at School Clinic only -						No. of children	
No loss	58
Loss of less than 9 decibels	57
Loss of 9 decibels or more	21
Left area before re-test	5
Awaiting re-test	9
							<u>150</u>
Investigated at Hospital also -							
No loss	3
Loss of less than 9 decibels	8
Loss of 9 decibels or more	9
Awaiting re-test	6
							<u>26</u>

The results of this enquiry were discussed in my Report for 1956.

Apart from audiometry of the two age-groups, special attention is now being paid to testing the hearing of children with cerebral palsy and of those with speech defects. Both these are groups of children in whom hearing-loss is more likely to be found than in apparently normal children. A feature of the hearing-loss sometimes found in speech defective children, and to some extent in those with cerebral palsy, is that it affects particularly the higher frequencies, so that the children are able to hear vowel-sounds but cannot so readily discriminate between consonants. It is becoming increasingly recognised that this type of defect is liable to be missed by the ordinary clinical methods of testing hearing, and also in some cases by gramophone audiometry, since an intelligent child can recognise different numbers (the requirement in gramophone audiometry) by the vowel sounds alone. It may therefore prove necessary to supplement our present methods by pure-tone audiometry.

Forty-one children attending ordinary schools are known to have hearing-aids. These children's hearing with and without the aid is always tested whenever the audiometrician visits the school; and also the Health Visitors are provided with lists of children with hearing-aids and at their termly "hygiene inspections" they confirm that the aids are worn and appear to be in good condition.

Defects of Speech.

Among Entrants and Leavers examined at Periodic Medical Inspection, 0.53% were found to need treatment for defects of speech. In 1909, the figure was 0.84%.

The following information has been derived from a report presented by the Chief Speech Therapist, Mr. Arthur Tolfree.

The re-arrangement of the Areas and Speech Clinics, which was made possible by the increase in staff establishment of one whole-time Speech Therapist in July, 1956, has been maintained, with minor adjustments, throughout the year. In consequence of the additional staff, the number of children receiving speech therapy has increased and attendances (consultations and treatments) have exceeded those in previous years.

During the past two decades the number of speech defective children for whom speech therapy has been provided by the Hampshire County Council, excluding the few children admitted to Moorhouse School, Oxted, for residential treatment, has steadily risen. Attendance figures are not available for 1937, when only 6 children were treated, but in 1947 the number of attendances was 4,163, against 10,380 this year. This increase is largely due to the extended facilities provided and to the school population, and is not the result of a greater incidence of speech disorders among children.

Miss K.M.L. Dickson resigned in December, leaving a temporary vacancy in the south-east area.

Extra time has been devoted to the Lord Mayor Treloar Orthopaedic Hospital School where the Speech Therapist works in close collaboration not only with the medical and nursing staffs, but also with the school teachers.

At the close of the year preparations are well advanced for opening a Speech Clinic at Eastleigh in January.

In April speech recording became possible in two of the five areas through the provision of tape recorders. As anticipated, this mechanical aid in speech therapy is proving invaluable and permission has been sought for the purchase of another machine next April.

The year's work is summarized in the following tables:-

				<u>Treloar</u>
Clinic sessions held	...	...	1,960	133*
Consultations	...	...	304	12
Treatments	...	...	10,076	583
New Cases referred during the year	...		272	13
New Cases commencing treatment				
during the year..	...		325	13
Continued from 1956				
	...		514	11
Total children treated: 839				
Children discharged	...	...	245 (three died).	
No. on register on 31.12.57				
	Boys ..	..	444	
	Girls..	..	150	
			<u>594</u>	

Waiting list 51.

* The Lord Mayor Treloar Hospital is included in the total figure.

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Children discharged - Results of treatment

Reason for discharge	No improvement	Improved	Speech satisfactory
Referred for child guidance		1	
Reported as ineducable		1	
Failure to continue attendance	4	5	
No further response anticipated	1	11	159
Left district	2	38	
Left school		18	2
Total: 242 (3 died)	7	74	161

Asthma

Information was received of 40 children who attended Hospital or special clinics on account of asthma during 1957. There are now 9 such clinics in or near the County which is well covered for this purpose.

I am indebted to Dr.C.B.S.Fuller, Senior Consulting Physician in charge of the Asthma Clinic at the Royal Hampshire County Hospital, Winchester, for the following notes on school children attending his clinics:-

"During the year 1957, 30 new cases attended for investigation and treatment; of these, 14 were girls and 16 were boys, and, in addition, there were 106 attendances during the year of old cases who had been seen previously and who came for a follow-up and further treatment of their condition.

Of the new cases, there was a family history of asthma or allergic conditions in 17 giving a percentage of 57%.

Six of these new cases required ear, nose and throat treatment for abnormal conditions of their nasal sinuses, septal deformities and tonsils and adenoids.

Skin tests gave positive results in 23 new cases (3 not being done owing to unsuitability at the time) which is 77% of the total.

In the majority of instances, in addition to treating abnormalities which were found, remedial breathing and postural exercises were required for defective costal expansion and bad stance, which is an outstanding feature in asthmatics.

As in previous years, there was a definite improvement in the frequency and severity of the attacks in each case.

It will be interesting to note, as compared with last year, that the proportion of new cases was made up of an almost equal number of boys and girls, namely, 16 and 14 respectively, whereas last year, the boys outnumbered the girls by 14 - thereby comprising 75% of the total number of new cases seen."

I have also to thank Dr. Maurice Williams, Medical Officer of Health of Southampton County Borough, for the information that 7 children (6 boys, 1 girl) ages ranging from 11 - 14 years, from the County made 12 attendances during the year at the Southampton Borough Council Asthma Clinic. Four of these children have shown considerable improvement, and 3 a lesser degree.

A number of asthmatic children have been ascertained as Handicapped (Delicate) Pupils, and the number of such pupils on the register on the 31st December, 1957, was 55, which included seven new cases.

Five asthmatic children were referred to Open Air Schools and have been admitted; a sixth child was waiting for a vacancy at the end of the year. Twelve other children have been noted as asthmatic: of whom 4 have been provided with exercises, 1 with special bedding, 2 have been referred for medical supervision, 4 are being seen periodically at ordinary school, and 1 is being investigated.

Orthopaedic Conditions.

Particular emphasis has for some years been laid upon good posture and healthy feet in this County, and the "Posture Scheme" has been described in previous reports.

The following quotation from the 1909 Report is of some interest in the light of subsequent developments in the field of physical education:-

"In many schools I am particularly pleased to find that the old fashioned drill is giving way to organised games, and the fact is being realised at last that drill of any kind is physically and mentally exhausting to children. The natural exercise of children is by means of games, and unfortunately there has been in the past very little attention devoted to teaching children suitable ones. This error, however, is now being remedied, and the excellent effects of the new system are likely to help it to spread very rapidly throughout the entire area."

I am indebted to the County Education Officer for the following report of the Organisers of Physical Education for 1957:-

"I. GENERAL

It is evident that a transformation is taking place in facilities for Physical Education in many areas of the County. Hitherto, in many schools, all Physical Education has ceased for long periods in the winter, apart from brief excursions on to a frozen or wet playground for a 'run-round' or a restricted attempt at exercises standing in spaces between desks. Any progressive or effective work under these conditions is virtually impossible and it will be generally agreed that this has not been adequate for growing children.

With the building of new Secondary Schools, and the reorganisation of all-age schools in some areas, the benefits of improved conditions have been brought not only to the Secondary children, but to the Primary children left in the older buildings. There is often a spare classroom which gives space for indoor lessons, where light stackable dining tables have been provided to replace the old heavy ones. The children have responded well by changing into suitable clothes, and by wearing gym shoes, or in cases where the floor has been sealed, working in bare feet, which adds inestimably to the value of the lesson.

As part of the programme for modernisation of older buildings, some schools have acquired halls, which has added immeasurably to the work which they are able to do. In such cases Physical Education lessons can be taken regularly and dancing, music and movement etc., have been introduced to enliven the programme. These schools have also acquired facilities for washing, and this too has had its effect on the work undertaken, improving the general attitude of the children to changing, to work in bare feet and to personal hygiene.

II. PRIMARY SCHOOLS

During the past few years the Authority has introduced into Primary Schools equipment designed to give children the opportunity to use their abounding energy and sense of adventure. This equipment, normally erected in the playground, has been welcomed by the teachers and has led to the wider understanding on their part of the physical needs of young children, and to a marked improvement in skill. The value of this type of apparatus has been discussed in previous reports, but it is interesting to note that 187 Primary Schools now have 244 units of agility apparatus.

In games and athletics thought has been given to the dangers inherent in a formal approach to these aspects of Physical Education. For children who average age 10, the use of over-large football pitches, the development of 'cup-tie' atmosphere in matches, and the organisation of Sports Days resembling 'watered down' Olympic Meetings are unsuitable.

The changing outlook on Physical Education has been brought to the notice of teachers in Primary Schools during the past year by a number of area courses at which up-to-date films of work in both urban and rural schools have been shown and discussed. A very successful day was spent by Head Teachers of Junior and Infant Schools in Gosport, when a visit was paid to schools in Southampton, to discuss and observe work.

III. SECONDARY SCHOOLS

(a) GIRLS. The staffing position, as far as women are concerned, has become increasingly difficult. Three Secondary Schools have had no teacher qualified to take Physical Education throughout the year. Many other schools have been dependent on married women 'filling-in' for short periods, or teaching part-time. While some of these teachers are unstinting in the time and energy they devote to the work of the school, others are unable or unwilling to devote time to the many out-of-school demands of an effective Physical Education programme. Some of these teachers have returned to school after a considerable absence from teaching and find it difficult to adapt themselves to new conceptions. With a constantly changing staff it is extremely difficult to maintain high standards and it is noticeable, that where a teacher remains in a school for at least two or three years, the children progress steadily and achieve good results. To give much needed help to Secondary School specialists in Physical Education, a six months' course has been planned to commence in January, 1958, for which teachers will be released from their school for one whole day in each fortnight.

(b) BOYS. The Authority has been fortunate in appointing an increased number of specialist men during the past twelve months. One Grammar School has included this work in the time-table for the first time since the war, and three Secondary Modern Schools have resumed full scale schemes after temporary staff shortages of periods up to three years.

A welcome development has been the institution of a One-Year Physical Education Diploma course at King Alfred's Training College, Winchester. The Education Committee has agreed to the secondment of five serving teachers this year. It is hoped that suitable candidates will offer themselves for this course in future years.

In the field of Boys' and Girls' athletics, the Hampshire Schools Athletic Association received a well deserved tribute in being asked to stage for the second time in five years, the English Schools Inter-County Championships. The programme of events covered two very full days in July and many visitors were impressed by the bearing of the pick of the

country's boys and girls, by their mastery of modern athletic techniques and by their determination and cheerfulness in carrying through the programme under appalling weather conditions.

A marked interest in Judo and Basketball by young men after leaving school is a healthy sign of their enjoyment of hard vigorous exercise. It is interesting to note the wide range of activities promoted by Old Pupils' Associations for which teachers have been readily forthcoming to act as coaches and organisers. They rate very highly the continuity of interest, spirit and discipline in making the work worthwhile.

IV. SWIMMING.

Great emphasis is placed on swimming in this County, as it is felt that Hampshire, with its long coastline, its harbours, rivers and waterways, provides both opportunities and dangers. It is necessary to teach children to swim, if only as a Life-Saving measure. 8,880 children attended swimming lessons regularly during the Summer term and 3,776 County Swimming Certificates were awarded. A number of schools are seriously contemplating building their own swimming pools and one is already under construction. This will add greatly to the efficiency of the swimming scheme and it is hoped that in 1958 there will be an increase in the number of children who are able to benefit.

V. CAMPING.

A wider field of activities now comes within the scope of Physical Education especially for children in Secondary Schools. Plans have been made for selected schools to send a party of boys and girls to T.S. Warfleet, Botley, in the Summer of 1958 to live under canvas and to receive instruction in light-weight camping, canoeing and dinghy sailing. If the experiment is successful it is hoped that such training will become a regular provision for adolescents in the County."

The work of the Minor Orthopaedic Clinics is summarised in the following table:-

	Fareham	Gosport	Winchester	Total.
1. New Cases.				
(a) Total attending for first time	12	40	14	66
(b) Defects found				
(i) Flat feet	3	23	-	26
(ii) Knock knees	2	13	2	17
(iii) Flat feet & knock knees	2	6	2	10
(iv) Other foot & toe defects	6	16	7	29
(v) Spinal defects (kyphosis, scoliosis, winged scapula, etc)	-	10	3	13
(c) No. referred to Major Clinics	1	7	7	15
2. Old Cases.				
Total attendances.	89	98	28	215

CHILD GUIDANCE SERVICE

Report of the Consultant Child Psychiatrist, Dr. V. L. Kahan.

"Child Guidance Clinics.

Until Dr. Rosenberg resigned and left her appointment, in October, 1957 had been a year of consolidation. The remainder of the Clinic staff has been the same throughout the year.

During the period under review, new cases seen were 202 at the Clinics, compared with 218 the previous year. The number of cases seen at the Remand Homes, or on behalf of the Children's Department while on

remand for psychiatric examination, was 226. The general pattern is almost the same as last year. The waiting lists for 1958 are a little longer than they were in 1957, and it is necessary to carry forward a few more cases than were carried forward the previous year when the figure was 684.

The total number of cases seen and the amount of treatment done are both somewhat below that of the previous year on account of Dr. Rosenberg's departure and her successor not being appointed during the year.

The very busy demand that was noted in the Annual Report of 1956, for Gosport and Aldershot Clinics has continued through 1957. Plans have been placed on foot to start an additional session at these Clinics in 1958. Basingstoke has continued on the busier level than was commented on in the previous Annual Report. The town of Basingstoke appears to have developed considerably, as has the population in the part of the county adjacent to it. A need for a Clinic in the Havant area is becoming clear and measures are being taken to organise one in the near future. Lymington Clinic has been providing a Child Guidance service not only for the area immediately surrounding it, but on account of administrative necessity, has provided one for Christchurch. Advantages that would derive from a Clinic in Christchurch have been studied during the year, and a Clinic there is an improvement being planned for 1958. Petersfield and Eastleigh Clinics have continued as before and have shown no special features during the year.

Waiting lists have tended to increase following the departure of Dr. Rosenberg, but at the end of the year they were still within reasonable bounds.

The good relationship that the Child Guidance Clinics have established with General Practitioners and Hospital services has continued, and has been developed further during the year.

During the year, moves have been initiated which should narrow the distance that has separated the School Psychologists concerned with the School Psychological Service, and the Child Guidance Service. There are many signs to suggest that 1958 will be a year of successful co-operation.

During 1957, Dr. Kahan has discussed mutual problems with the Probation Department, and kept in close touch with Winton House Approved School, where many fruitful discussions have been held with the staff, as well as clinical interviews with selected children.

The relationship of the Child Guidance Clinic Service with the School Health Service and Social Agencies dealing with children in Hampshire, has been active and cordial.

In furtherance of the special enquiry into the relationship in children between behaviour disturbance and physical factors, that was initiated in 1956, 16 children have attended hospital for electro-encephalographic examination.

It is appropriate to conclude this report by recording the hard work and co-operation of all members of the Clinic staff, both clerical and professional. It is, as a result of this, that waiting lists have been kept down and large case loads have been carried during temporary shortage of staff."

SUMMARY OF WORK OF THE CHILD GUIDANCE SERVICE.

I. Cases carried on from last year	...	...	...	...	...	684
New Cases referred during the year	..	...	...	...	...	574
Old Cases re-opened	...	...	...	...	...	31
						<u>1,289</u>
No. of Cases closed during year.	...	...	...	...	...	512
No. of Cases carried forward to next year :-						
Cases under investigation or treatment on 31.12.57	-	722				
Cases awaiting investigation		<u>55</u>	...			777

II. Sources of referral

County Medical Officer, School Medical Officers, etc...	...	99
Juvenile Courts	...	189
General Practitioners	...	78
Educational Psychologists	...	60
Hospitals	...	35
County Children's Officer	...	25
Parents	...	17
Health Visitors	...	15
Probation Officers	...	13
County Education Officer	...	11
Speech Therapists	...	8
Other Child Guidance Clinics	...	5
Army Psychiatrist	...	4
Miscellaneous	...	15
		<u>574</u>

III. Reasons for referral

Behaviour disorders	...	282
Habit disorders and physical symptoms	...	112
Nervous disorders	...	41
In need of care and protection	...	63
Educational and vocational guidance	...	42
Advice re school placement	...	13
Breach of recognisance	...	6
Emotional development	...	5
Miscellaneous	...	10
		<u>574</u>

IV. No. of children seen by Psychiatrists during year at Clinics.

No. of new patients seen	...	202
No. of new cases taken on for treatment	...	64
No. of other cases seen for treatment or supervision	...	216
Total number of attendances by children	...	1,457
No. of home visits paid by Psychiatric Social Workers and Social Worker	...	807.

V. Remand Homes.

226 children (124 girls and 102 boys) were seen at the Remand Homes.

VI. Disposal of Cases.

Total cases closed	...	441 [✱]
No treatment - consultation & recommendation to Courts	209	
Consultation and advice only	<u>69</u>	278
Discharged after treatment -		
Satisfactory	11	
Improved	55	
Some improvement	11	
Unsatisfactory	<u>20</u>	97
Transferred	...	32
Moved away	...	19
Unsuitable for Child Guidance	...	15

✱ A further 71 cases were referred and were withdrawn without clinic investigation on account of failure to attend, spontaneous improvement, etc.

THE SCHOOL PSYCHOLOGICAL SERVICE.

An Analysis of the work undertaken during 1957 compared with the previous year's work.

	<u>1956</u>	<u>1957</u>
<u>Work in Schools</u>		
Children referred to the Psychologist for school investigation	808	701
Number seen... ..	470	393
Backlog of referrals	1034	1342
Number of school visits on clinic cases	117	80 (approx)
<u>Clinic Interviews</u>		
Number of children interviewed and tested in clinics	172	157
Number handled by Psychologists, or by Psychologists and P.S.Ws jointly	100	97
<u>Remand Home Work</u>		
Number interviewed and reported on for Courts ...	160	194
TOTAL number of children seen in all circumstances	<u>1019</u>	<u>921</u>
<u>School surveys for Backwardness</u>	5	1
<u>Extra Activities</u>		
Lectures to Parent-Teacher Associations and other Organisations	17	8
Teachers' Course (Lectures)	14	12

THE SCHOOL DENTAL SERVICE

Report of the Principal School Dental Officer, Mr.C.C.Chadwick.

"Dental Staff.

Authorised Establishment (as on 31st Dec. 1957).

- 1 Principal School Dental Officer
- 26 Dental Officers.
- 1 Medical Anaesthetist.
- 1 Oral Hygienist.
- 28 Dental Attendants.

The Staffing position improved slightly during the year rising to a total equivalent of 21.6 Dental Officers compared with 21.3 in 1956, and 20.63 in 1955. This includes the services of 14 part-time Dental Officers equivalent to those of 4.2 full-time Dental Officers (2142 sessions worked) compared with 10 part-time Dental Officers last year equivalent to 3.7 full-time Dental Officers.

Unfortunately this increase once again does not cover the increase in the total school child population in the County during the year. The practice of using Medical Anaesthetists to replace dental officers, when practicable, continued during the year; in all they attended 266 sessions, 51 more than in 1956. The total number of attendances for general anaesthetics by both Medical and Dental Anaesthetists was 10,345.

The allocation of Dental Officers' time between their duties for the Local Education and the Local Health Authorities was as follows:-
(The figures in brackets show the proportion in 1956).

<u>Education</u> (school children)	1957 96.9% (96.4%)
<u>Health</u>	3.1% (3.6%)

Oral Hygienists.

The full-time Oral Hygienist resigned with effect from 12th January, 1957, and it has not been possible to replace her. Oral Hygienists are most useful for clinical work and dental health education, and it is a pity that more are not available. There seems little likelihood of obtaining a successor because the few who are still available seem to be attracted by higher salaries to the General Dental Practitioner Service.

The details of the actual work carried out by the Oral Hygienist are as follows:-

Number of Sessions (half days)	13
Time devoted to Dental Health Education	6 $\frac{1}{4}$ hrs.
<u>Patients.</u>	
Number children treated	46
No. children whose treatment was completed	60
No. discharged as failing to complete treatment	-
Attendances	61
Appointments not kept	16
<u>Treatment</u>	
Scaling and Polishing	61

Dental Inspection.

During the year 65,130 school children were inspected of whom 49,533 (76.1%) were not dentally fit; 47,400 (72.8%) were offered treatment from the County Dental Service, and 31,659 (66.8% of those offered treatment) actually treated.

There remained, as in recent years, a part of the County area which was "uncovered" for dental treatment and where regrettably only emergency treatment for the relief of pain was available for some 29,000 children compared with 23,000 children in 1956.

Even in the "covered" areas it was not possible to examine all the children during the year. The interval between school dental inspections in these areas is now just over 12 months, and is far too long if dental decay is to be detected in its initial stages so that early and successful treatment can be given. Priority has been given to primary schools where the shortage of dental officers has been most acute.

The main cause of this long interval is that some County Dental Officers' Areas are too big to permit more frequent inspections. The position is further complicated by the continued increase in the incidence of caries amongst children of all ages. This has probably also been the cause of the large number of "specials" again attending for treatment this year; these number about 4,000 as they did last year. Most of the "specials" were either children seeking treatment between routine school inspections or children from "uncovered" areas, and both frequently suffered some degree of toothache. The treatment of a large number of these cases who must necessarily be seen at once will obviously extend the interval between inspections, unless the areas are further reduced in numbers.

It is gratifying to note that in the areas where treatment is offered under the County Dental Service the rate of consent for treatment remained consistently high at 66.8% in spite of the present difficulties.

The following Table shows the details of the Dental Inspections carried out during the year:-

DENTAL INSPECTION OF SCHOOL CHILDREN 1957

	Age 5 and under	Age 14	No. children 14 years old with	All other ages	Total						
	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment	Full Natural dentition (See note (c) below)	Sound dentition as result of treatment (See note (d) below)	Number inspected	Number found to require treatment	Number inspected	Number found to require treatment	Consenting to treatment
Routine Inspections	5241	3813 (3605) +	3838	2805 (2712) +	158	875	52128	39101 (37277) +	61207	45719 (43594) +	63.5%
"Specials" at Clinics (see Note (b) below)	242	217 (217) +	38	36 (35) +	-	2	3643	3561 (3554) +	3923	3814 (3806) +	99.7%
Total	5483	4030 (3822) +	3876	2841 (2747) +	158	877	55771	42662 (40831) +	65130	49533 (47400) +	66.8%

+ Number of children offered treatment shown in brackets

Notes:-

- Columns headed:- "Number found to require treatment". This figure is the number of children who are not 100% dentally fit. They include some children for whom treatment is not immediately necessary.

"Number offered".
 This figure is the number of children who would be referred for treatment, whether or not consent is given.

"Consenting to treatment".
 This figure is the percentage of those offered treatment.
- Not previously inspected during the year. The inspection of "specials" at Clinics is usually at the instance of parents, hence the proportionately higher acceptance of treatment than at the Routine Inspection in schools.
- With complete permanent dentition (as far as has erupted) with no caries or fillings except in so much as non-carious teeth have been extracted for orthodontic reasons, e.g. first bicuspids or lost through an accident.
- With conservative treatment but with no permanent teeth lost other than those lost through orthodontic treatment or through accident.

DENTAL TREATMENT

Class of Patient	Number actually treated	Total attending for treatment	Number N ^o and $\frac{2}{3}$ of Eiter Cases	Number of Teeth Filled		Number of Fillings		Extractions						Other Operations						Attendances for	
								Caries		Orthodontic		Silver Nitrate		Other		Root Fillings	Scaling and Cleaning See (a) below	Gum Treatment See (b) below	Dentures See (c) below			Reg. Appliances
				Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.	Temp.	Per.							
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)
Ordinary School Children	29,745	65,486	10,297	31,917	9,223	35,878	10,107	5,503	20,417	482	796	993	7,268	4,134	2,732	101	3,615	914	404	4,950	
Special Schools	123	230	48	153	18	169	18	45	61	—	—	—	10	11	—	2	51	4	—	16	

Notes:

- (a) **Scaling and Polishing**—same principle as for Gum Treatment. When Scaling has been done, the polishing of the teeth does not count as a separate operation; neither does polishing of a filling.
- (b) **Gum Treatment**—one operation if confined to the maxilla or mandible regardless of the number of teeth concerned; two operations if work carried out in both jaws.
- (c) **Regulation and Denture Work**—is not operative work but is entered in Columns 20 and 21 for convenience only. Each attendance at which work is carried out is recorded also in Column 3 and Column 2 when applicable.

Sessions:

School Inspections ...	537.5	Ordinary School Children ...	8,364
Clinic Treatment (all patients) ...	8,628.5	Special School Children ...	29.5
Anaesthetist—Dental Officers ...	477	Children under School Age ...	169
Medical Officers (part-time)	266	Expectant and Nursing Mothers ...	63
		Mental Health ...	3

Prevention of Dental Decay.

Dental decay starts in infancy and increasing time and attention is now being directed to the teeth of children not yet of school age: an account of this work is included in the Annual Report of the County Medical Officer.

The majority of 2 year old children have one or two decayed teeth and by the time these children reach school age the average number of decayed teeth per child has increased to three or four. Nevertheless a tremendous amount may be achieved by proper care of the teeth throughout childhood and indeed throughout life. Dental decay results from the action upon the tooth-structure of acids formed by bacterial fermentation of food-remnants round the teeth. Prevention therefore turns upon (a) sound tooth-structure (b) avoidance of foods particularly prone to form acids and (c) rapid removal of food remnants from around the teeth.

Sound tooth structure depends upon an adequate intake of foods that contain the necessary ingredients - notably calcium and vitamin D - and school dinners and milk are valuable contributors to dental health in this respect. Another ingredient which is required in minute quantities for sound tooth formation is fluorine, which occurs naturally in the water of some districts but not in others. It is with particular interest that I am watching the progress of the children's teeth in Andover where fluorine has been added to the water supply since July, 1956.

Schools meals and milk, though contributing materially to general and dental health, can also exert an adverse influence in that they are taken in circumstances when they are not as a rule followed by tooth cleaning. We have in the past laid much emphasis on the tooth-brush as a means of removing food remnants from the teeth and so minimising acid formation. Unfortunately it is not really practicable to do this in school, and I should like to see far more attention given to an alternative procedure, which is perfectly practicable in school and a very good second best - swilling the mouth out with water after food or milk is taken. This practice (which involves a simple technique, readily learnt by any child, of forcing the water between the teeth) is particularly effective after drinking milk, which is readily washed away. It is within the half-hour or so after food that the build-up of acids is maximal and for this reason immediate mouth-swilling is more effective than delayed tooth-brushing.

Sweets are particularly liable to set up acid formation and hence decay, and have not the compensating merit of nutritional worth. The pattern of dental decay, both in time and place throughout the world, has demonstrated conclusively the link between a high sugar intake and a high caries rate, and it is within the power of teachers to exert an extremely valuable influence in the prevention of tooth-decay among their children by discouraging excessive sweet-eating. It is of course in particular the sucking of sweets at odd times, between meals, when tooth-cleaning does not follow, that causes damage. Other carbohydrate foods, such as confectionery and biscuits, are to a less extent open to the same charge, and I view with some concern the increasing practice of selling these "between meal" foods to the children in schools.

If such foods must be sold, I hope that teachers will endeavour to ensure that they are eaten with the school milk or immediately after lunch, and are followed by thorough mouth-rinsing.

Dental Treatment.

Orthodontic Treatment.

From the Returns of Work for the year 1957 it will be noted that the number of orthodontic cases under treatment by the County Dental Officers has increased to a total of 778 (4,966 attendances) compared with 760 (4,328 attendances) last year.

The treatment of these orthodontic cases has been carried out, as in previous years, by the County Dental Officers in all except very complex cases (about 70 in all) who were referred to Consultant Orthodontists for treatment. In addition cases requiring Consultant opinion were referred either to Mr.J.Hooper, Royal Victoria Hospital, Boscombe, Dr.N.L.Rowe, Plastic and Jaw Unit, Rooksdown House, Park Prewett Hospital, Basingstoke, to Professor F.Ballard, Eastman Dental Hospital, London, or to Mr.G.Dickson at the Royal Portsmouth Hospital, and at the Fareham County Dental Clinic. The appointment by the Regional Hospital Board of Mr.Dickson to the Portsmouth area during the year has been welcomed in that a Specialist Service is now available to those children in the south east part of the County.

Much more use of the Consultants' treatment and advice could have been made, had the distances not been so great which the patient and parent had to travel when visiting a Consultant. There is no doubt that the appointment of a further Consultant to Winchester would do much to provide a satisfactory service for the remaining part of the County, which is not yet adequately covered, and it is hoped that he will be able to attend peripheral clinics also.

It is disappointing to note that the number of fillings inserted in permanent teeth has decreased by 351 and that the number of extractions on account of caries of permanent teeth has risen by 640. This is partly due to the trend throughout the country of a general increase in caries amongst children of all ages, and partly due to the fact that some of the children treated during the year had previously been "uncovered" for regular dental treatment for many years, and for whom it had not been possible to provide the usual conservative treatment available under the County Dental Service.

There is, however, a great increase in the number of fillings inserted in deciduous teeth, which is 1,259 more than last year, and a corresponding decrease in the number of extractions of deciduous teeth (875 less than last year).

The details of the other work carried out by the Dental Officers during the year are shown also in Table III at the end of the Report of the Principal School Medical Officer.

Clinic Premises.

A Dental Clinic has been opened at the Fordingbridge County Secondary Modern School in the Medical Inspection Block. This will provide a subsidiary clinic for the treatment of the children in the immediate neighbourhood.

Mobile Dental Trailers.

Two new Mobile Dental Trailers were put into service during the year bringing the total to eight dental trailers operating in the County to provide facilities for the treatment of children attending rural schools, and in those urban areas where no adequate permanent clinic premises are available.

Evening Sessions.

Authority was given for full-time County Dental Officers to undertake evening sessions in County Dental Clinics up to a maximum of six hours per week. These were commenced in September and the response from the County Dental Staff has been very encouraging. The total number of evening sessions worked during the latter part of the year was 98, and it is hoped that during a whole year these will amount nearly to the service of one whole-time County Dental Officer.

X-rays.

X-ray apparatus has been installed at the Winchester and Fareham Dental Clinics during the year, and it is hoped gradually to provide the same facilities for all the Main Dental Clinics throughout the County.

MOBILE DENTAL CLINICS

These photographs show the newest addition to the fleet of eight mobile dental clinics in use in the County; the last three have been specially constructed to this Authority's Specification.



The interior lay-out embodies special facilities for easy working for the Dental Staff, and contains a waiting/recovery room, which is not shown in the photograph.

Particular care has been taken to make this clinic light and airy, and the roof is slightly higher than usual to allow for the inclusion of the high-light windows which greatly improve the interior lighting and ventilation.

The clinics are fitted with the latest modern dental equipment, and have been fitted with "black" heat to conform to the Home Office Regulations for use of general anaesthetics.

The measurements are as follows:—

Nominal Body Length 18' 10". Overall length including tow-bar 22' 7". Overall width 7' 6".
Total height 10' 9". Weight 2 tons 18 cwts.



Conclusion.

The gradual increase in County Dental Staff is encouraging, and I hope that this will continue, but 1958 will be a critical year.

Whilst appreciating the very valuable assistance given by the part-time County Dental Officers, I feel that the only sound permanent basis on which to found a comprehensive County Dental Service is to encourage the recruitment of full-time officers. Experience has shown that the majority of the part-time County Dental Officers seldom remain more than 12 months, and frequently reduce the number of sessions during that period dependent on their commitments in general practice; the result is that there is no continuity of treatment for any one child year by year by the same County Dental Officer. I feel that this is particularly essential for children who are inclined to be a little apprehensive and distrustful of new faces and possibly new surroundings. They somewhat naturally like to feel that they will see the same dentist each year once they overcome their initial fears.

Finally I should like once again to express to the Teaching Staff of the Authority the appreciation of the County Dental Staff for their co-operation and help during the year.

In 1909 it was recorded that 30.5% of 5 year olds and 23.7% of 13 year olds had good teeth - i.e. no extractions or decay detectable on medical examination. While this is not strictly comparable with the findings of the dentist using a probe and mirror, it does clearly indicate a better dental state than is found today, when only 4.1% of 14 year olds have a full natural dentition. This is at first sight surprising, as other findings, such as rickets, indicate a poorer nutritional standard in children in 1909; it is probably attributable to a much lower consumption of sugars at that time.

Dr. Lyster commented on the great difficulty in getting dental treatment for the children in 1909: only 16% of those needing it were treated. He felt therefore that the whole emphasis must be upon prevention, and advocated "tooth brush drill" as a routine procedure in school. At one school tooth-brushes were sold to the children.

CONVALESCENCE.

During the year 25 children (14 girls, 11 boys) were sent for convalescence of an average duration of 3 weeks. The children were referred by:-

Hospital Doctors	4.
General Practitioners ..	11
Psychiatrist	4
School Medical Officers.	6

and for the following reasons:-

Following illness at home	15
Following in-patient hospital treatment	4
Following out-patient " " "	4
Mismanagement or poor home conditions	2

All these children were examined as "specials" at the School Medical Inspection following their discharge.

INFECTIOUS DISEASE

(a) Notifications of Infectious Disease in Children aged 5-14[¶]

Diphtheria	Nil	Polionyelitis	45
Scarlet Fever	147	Encephalitis -	
Whooping Cough	643	Infective	Nil
Measles	4,817	Post-Infectious	4
Erysipelas	2	Tuberculosis	21 (aged 5-16)
Pneumonia	32	Paratyphoid Fever	Nil
Meningococcal		Dysentery	106
Infection	2	Food Poisoning	65

[¶] Includes children attending private schools.

(b) Non-notifiable Infectious Disease reported by Head Teachers

German Measles	222
Mumps	736
Chicken Pox	988

The two outstanding features of the year so far as infectious disease is concerned, were the high prevalence of poliomyelitis, discussed below, and the influenza epidemic.

The influenza, presumed to be "Asian", reached Hampshire during the summer holidays, first affecting Service establishments. On 13th September the first school was struck, and before the end of the month there were hundreds of cases in 30 or more schools. The weight of the epidemic fell at first upon the eastern half of the County; but within a month all areas were hit.

It is not possible to say how many children or staff developed influenza. Some indication of its extent is given by the fact that on 23rd October 13,325 school children (15.9%) were absent from school, the great majority on this account; but it is known that very much higher absence rates than this were reached in particular areas.

Fortunately the proportion of staff affected was generally low, and the period of absence usually short (though tending to be longer in adults than in children) so that it was never necessary to close a school because of lack of staff. St. Thomas' School for the Deaf (residential), however, suffered a heavy incidence of infection among its staff, and it was necessary to provide help from outside for a short time.

The disease was nearly always mild in children: but some suffered relapses or second attacks. Pneumonia was a very infrequent complication among children of school age; 17 such cases were notified in the last quarter of the year. There were two deaths of children attributed to influenza, and three others to pneumonia.

Again, for the eighth successive year, there was no case of diphtheria in a Hampshire school child. In 1957, 917 children of school age were immunised for the first time, and 7,527 were re-immunised. In 1909 seven schools were closed for a total of 23 weeks on account of this disease. The number of children affected is not recorded, and indeed was not precisely known. One of Dr. Lyster's first objectives when the school health service was inaugurated was to secure a system of notification of this and other major infectious diseases. Immunisation was not then available, but the throat swab was in use as a diagnostic aid.

Scarlet fever continued to be mild and infrequent. A small outbreak affected 20 children at the Portchester Manor House Infants School and there was also an outbreak reported in an independent school.

Whooping cough was more prevalent than in 1956, and measles, maintaining its biennial periodicity, was the commonest infectious disease.

Poliomyelitis affected 45 school children - the largest number in any year so far recorded. The following table shows, however, that the number of children killed or left crippled by the disease was only 5: this is a remarkably low proportion of the total.

POLIOMYELITIS

	<u>No residual paralysis</u>	<u>Some residual paralysis</u>	<u>Died</u>	<u>Total</u>
1948	5	4	1	10
1949	14	11	2	27
1950	8	11	1	20
1951	2	1	1	4
1952	3	13	-	16
1953	11	9	2	22
1954	4	1	-	5
1955	32	9	-	41
1956	9	3	-	12
1957	40	4	1	45

The number of children notified as "non-paralytic" (i.e. as having no paralysis at any stage) was 24, 53% of the total. This proportion always tends to rise in epidemic years, because non-paralytic cases are readily missed unless there is reason to suspect the disease. Also, it has become possible within the last year to confirm the diagnosis in mild or non-paralytic cases by isolating the virus. These reasons no doubt account, at least in part, for the higher incidence with lower severity of the disease in 1957.

The majority of the cases occurred in the south-east corner of the County. An outbreak in Havant, mainly on the Leigh Park Estate, in May affected 11 persons only 2 of whom were school children; and in July and August there were 22 cases in Gosport, of whom 14 were school children.

An interesting occurrence, which particularly illustrates the effect of the new laboratory diagnosis, was a group of six children all in one family at Four Marks, all of whom were notified as suffering from non-paralytic poliomyelitis.

There was remarkably little evidence of spread of the disease in schools. In a single instance only did two children attending the same school, and not in contact at home, develop the illness at an interval of time which suggested that one might have infected the other.

It is possibly significant that during the last six years there has been a distinct tendency to prevalence of poliomyelitis in alternate years - in the same years as measles. It is too early to assess whether this is a true association, as no such tendency was apparent before 1952, and notification rates have been influenced by the changes in diagnosis already mentioned.

I reported last year (1956) that of the twelve children who had had poliomyelitis during the year, three had some residual paralysis. These three children have now been followed up to determine the extent of their disability after a period of approximately 18 months from the time of their illness; little further recovery is to be expected after this interval. One child was made a complete recovery, and each of the other two has a severe degree of paralysis remaining in one arm only.

Approximately 6,000 children (school age or under) were vaccinated against poliomyelitis during the year.

TUBERCULOSIS

Twentyone children of school age were notified during 1957 as suffering from tuberculosis: 12 had pulmonary disease and 9 non-pulmonary. No child died of the disease during the year. The incidence in recent years, and the distribution of the disease by age, sex and site are given in the following Tables. (All figures relate to children of school age including those attending private schools).

I. Incidence in children aged 5-16 in past ten years (Primary notifications)

Year	Pulmonary	Non-Pulmonary	Total
1943	20	33	53
1949	27	37	64
1950	27	48	75
1951	19	35	54
1952	29	20	49
1953	41	46	87
1954	30	27	57
1955	29	15	44
1956	16	15	31
1957	12	9	21

II. Age and sex, 1957.

Age Group	5	6	7	8	9	10	11	12	13	14	15	16	Total
Pulmonary Male	-	-	-	2	-	1	1	-	-	1	1	2	8
Pulmonary Female	1	-	1	-	1	1	-	-	-	-	-	-	4
Non-pulmonary Male	1	-	-	1	1	1	-	-	-	-	4 2	-	4 5
Non-pulmonary Female	1	1	-	-	1	1	-	-	-	1	1 -	-	5 4
Totals	2	1	1	3	2	4	1	-	-	2	3	2	21

III. Site of disease, 1957.

	Male	Female	Total
Lungs	8	4	12
Glands, cervical	2	-	2
Bones and joints	3 2	1 2	4
Genito-urinary system	1	-	1
Abdomen	-	1	1
Meninges	-	1	1
	11 13	7 8	21

I am glad to be able to record a further fall in the incidence of this disease in school children. Modern diagnostic methods (tuberculin tests and X-rays) lead generally to the discovery of the disease in children at an early stage, when the chances of complete and fairly rapid cure are good, and when it could not have been diagnosed with certainty, even if suspected, by clinical methods alone. For this reason the figures are not really comparable with the findings of Dr. Lyster in 1909, when the clinical examination (at routine inspection) of 10,125 school children revealed 19 cases of non-pulmonary and 11 of pulmonary tuberculosis. Though this reveals that tuberculosis was a great deal commoner then than now, Dr. Lyster was able to comment that it was a very much less common disease in Hampshire than in some other parts of the country.

The very low incidence of non-pulmonary tuberculosis reflects favourably on the milk supply in the county, and it is a pleasure to be able to record that the entire county is now an area in which it is an offence to sell non-designated milk - i.e. milk which is neither tuberculin-tested nor heat-treated.

The investigation by Dr. M.E. Moore, Chest Physician, to which I alluded in my last report, continued throughout 1957. Tuberculin-testing was offered to all the Entrants, totalling 399, in a group of schools in the Totton - Hythe area, with a view to discovering unsuspected cases of tuberculosis among their home contacts. The parents of 339 of these children consented to the test, and four children only were found to be tuberculin-positive: no source-case was found among the contacts of these four children.

As in previous years, investigations were carried out at all schools where a child or teacher had been notified as suffering from tuberculosis in a communicable form, or for which there was no presumed source of infection outside the school. Four such investigations were made in 1957, and no previously unsuspected case of tuberculosis was discovered.

The B.C.G. Vaccination of 13 year old school children, giving protection against tuberculosis, continued during 1957 in the south and south-eastern parts of the County area. Twentyfour schools were visited. It was not possible to commence the extension of the scheme to the remainder of the County during 1957, but this is being undertaken during 1958. The work carried out during 1957 is summarised in the following table:-

(a) No. of children offered vaccination	...	3719	
(b) No. of children accepting vaccination and tuberculin tested	...	2673	(72% of (a))
(c) Tuberculin Positive	...	401	(15% of (b))
(d) Vaccinated	...	2136	(57% of (a))

Dysentery was formally notified as affecting 106 children, rather fewer than last year. Outbreaks occurred in schools in three areas - Basingstoke, Fareham and Totton: the causative organism was *Shigella sonnei* in all three. The epidemic at Basingstoke was widespread and protracted, affecting nine schools in the town or its immediate vicinity. Of the 180 cases either notified or reported by Head Teachers, 142 were in school children and 24 in pre-school children. The first case notified was an infant school child, on 30th January. Isolated cases arose on 13th February, 1st March and 9th March in two other schools, and on 12th March the first case occurred in Fairfields Infants School which was the school most heavily affected. Of the 108 children in this school who developed dysentery 68 were taken ill during the Spring term, and 40 during the summer term. Other schools continued to have small numbers of cases throughout the period, the last case being notified on 30th July. In one Primary School, however, all the 11 reported cases arose within a period of four days.

The usual preventive measures were taken - viz. immediate notification and exclusion of cases and contacts, a regular and thorough handwashing drill using nail-brushes, soap, and individual towels; a disinfectant hand-dip for the children; disinfection of toilet seats, etc. It was unfortunate, and contrary to our general experience, that the dysentery should have re-appeared in the summer term - usually a school holiday sees the end of such an outbreak: but it is not really surprising in view of the prevalence of the illness among babies and adults on the housing estates.

The outbreak in Fareham started on 28th December, 1956, and of the 29 cases reported 23 were in school children, the majority of whom attended the Highlands Infants School. The last case was reported on 30th April.

The third outbreak was in Totton and this also occurred during the spring term. Of the 22 cases, 12 only were in school children, in two different schools. It is of interest that in this outbreak, which clearly was not centred on the schools, there should have been so little spread among the school children. The first case started on 29th January and the last on 17th March.

There were a number of outbreaks of gastro-intestinal disease in which food poisoning was suspected. In two of these (Horndean, May; Dibden Purlieu, June-July) there was a prevalence of gastro-intestinal disease in the district and school children were among those affected, but the outbreak was in no way centred upon the school: at Dibden Purlieu the causative organism was *Salmonella typhi-murium*, and at Horndean no organism was isolated.

In five outbreaks the illness occurred primarily in the children attending a particular school, or in the schools served by a particular kitchen. The first of these arose on 30th May, when it was reported that six teachers and two children at the Waterlooville County Primary

School had been taken ill with sickness and diarrhoea in the night. This school received its mid-day meal from the Portchester Cooking Depot, and enquiry at the other schools served by this Depot revealed that in eight of these schools a number of cases of gastro-intestinal disturbance had occurred in the night in question. The illness was very transient, and appeared to affect staff in proportionately much greater numbers than children: at least twenty teachers or kitchen staff were ill. The suspected article of food was Hamburger sausage. The evidence was circumstantial only, as no organism was isolated. The staff at the Depot did not have this meal (there was insufficient prepared) and none was affected. A possible explanation of the higher incidence in staff at the school was the fact that they took their meal $\frac{1}{2}$ to 1 hour after the children, during which time the meal was kept warm on a hot-plate.

On 3rd June the Head Teacher of Lymington Girls Secondary Modern School reported that about 30 children were ill with nausea, diarrhoea and headache: two only had vomited. They recovered rapidly. The weather was extremely hot, and the medical officer who investigated the outbreak was inclined to attribute the symptoms to the heat (with a considerable psychological factor) rather than to food poisoning.

Between 17th and 28th June about 20 children were absent from Modstead School on account of diarrhoea and vomiting. This was not associated with a school meal (very few of the children took the mid-day meal) and no organism was isolated.

Between 6th and 11th July an outbreak of "food poisoning" due to *Salmonella typhi-murium* occurred at Lankhills Residential Special School. Eleven children were taken ill with fever, headache, nausea, vomiting and diarrhoea; and a further 30 children, and also two members of the staff, were found to be excreting the organism. The boys were affected first, the girls starting two days later. The children fell ill at intervals during the five days: there was no grouping suggesting that infection occurred at a single meal. The whole outbreak followed a "dysentery" rather than a "food-poisoning" pattern, and pointed to a case-to-case spread rather than infection from food - notwithstanding that *Salmonella typhi-murium* is characteristically a food-poisoning organism. All laboratory investigations of food consumed were negative. An outbreak of *Salmonella typhi-murium* infection had been occurring recently at the Royal Hampshire County Hospital, following a similar case-to-case pattern: a link between the two was sought but not found - and ultimately the organisms were shown to be of different antigenic types. Another suspected source of the infection was a newly admitted boy of very low intelligence who had loose stools and was incontinent, soiling in the living-rooms: he was found to be excreting the salmonella, but as no other carriers were found in his home there is no real evidence that it was he who introduced the infection. Special problems were created by the lack of isolation facilities, and it was feared that the organism might gain access to food causing an acute exacerbation of the outbreak: it is a tribute to the staff, and particularly to the Matron, that this did not occur. The outbreak occurred just before the end of term, and it was necessary to discharge certain of the children who were in the care of the Children's Committee to Isolation Hospital as long as they continued to excrete *Salmonella*, in order to avoid the risk of introducing it into the Children's Homes. No new cases arose when the school reassembled for the Autumn term.

On 24th July, about 60 children and one member of the kitchen staff at the Stanmore school were taken ill with sickness and diarrhoea following the mid-day meal. The illness was slight and transient. Investigation of the food consumed led to the finding of coagulase-positive staphylococci in the artificial cream. The stools of the kitchen staff and some affected children were examined and no pathogenic organisms were found.

DEATHS OF SCHOOL CHILDREN

Thirtysix children aged 5 to 15 years, not necessarily attending County Schools, died during the year. The causes of death were as follows:-

Accidents	...	...	15.
Infectious disease			
Poliomyelitis	...	1	
Influenza	...	2	
Pneumonia	...	3	
			6
Cancer (including			
leukaemia)	...	3	
Other diseases			11
Other			<u>1</u>
			36
			<u> </u>

VERMINOUS CONDITIONS.

In 246,315 inspections, 566 individual pupils were found to be infested with head lice. This represents .57% of the school population, the same as in the previous year. The age and sex distribution is shown in the following table:-

School Groups	No. on Register	Total found verminous for the first time during year ("Nits" with or without lice)					
		Boys		Girls		Both Sexes	
		No.	%	No.	%	No.	%
Primary or Nursery School Children	68,262	113	.33	367	1.08	480	.70
Secondary School Children	31,463	17	.11	69	.44	86	.27
All ages	99,725	130	.26	436	.87	566	.57

NOTE - These percentages are based on the assumption that there are equal numbers of both sexes on the Registers.

The number of schools (excluding Grammar Schools) in which no child was found with head infestation during the year was 257, as compared with 237 last year.

Eight cases of scabies were reported during the year, and no cases of infestation by body or crab-lice.

"By far the commonest condition met with in the school is the dirty and verminous heads. About one-fifth of the total children in schools suffer from this defect." So wrote Dr. Lyster in 1909, when as many as 39% of 13 year old girls were verminous. Methods of disinfection were less effective and very much more unpleasant than today, and there were a number of families who resisted treatment. There were no powers to disinfect them compulsorily, and the procedure used was to exclude the persistently verminous child from school and then prosecute for non-attendance.

HANDICAPPED PUPILS

During the year 424 children were ascertained for the first time to be in need of special educational treatment on account of physical or mental handicap, and on 31st December there were 1,980 such children on the register - 1.9% of the school population (See Table on page 35). The number of registered Handicapped Pupils is substantially lower than last year because children having speech therapy only (i.e. not attending a special school for speech defective children) have not been included this year.

The special educational treatment provided involved modification of the curriculum in the ordinary school, or teaching in a special class, a special school, a hospital or the child's home.

The Hampshire Education Committee provide one special school (Lankhills, Winchester) for 101 educationally subnormal boys and girls aged 10 years and over; another (St.Thomas', Basingstoke), for 45 deaf boys and girls between 8 and 12 years, and they are responsible for 3 Hospital Schools. Apart from these, there are no special schools provided by the County, and handicapped pupils in need of special schooling were placed, so far as vacancies could be obtained, in schools provided by other Authorities or by voluntary or private agencies.

Thirtyseven handicapped pupils were receiving home tuition on or about 31st January, 1958, and 141 received tuition in Hospitals other than the 3 Hampshire Hospital Schools during the year. Included in the latter figure are 33 children who were taught in Rooksdown House, Park Prewett, Basingstoke, and 11 at Christchurch Hospital.

Hospital School	Type of case chiefly dealt with	No. of H.C.C. children attended during year
Bursledon Annexe to Southampton Children's Hospital	General long-stay	90
Lord Mayor Treloar Hospital Alton	Orthopaedic	335
White House Sanatorium, Milford	Tuberculosis	26

Many handicapped pupils require care and supervision after leaving school. Particulars of all children whose handicap is such as to warrant continued supervision are passed to the County Welfare Officer, and also the attention of the Youth Employment Officer is particularly drawn to them. The lower-grade educationally subnormal children are usually reported to the Mental Health Authority (under Section 57(5) of the Education Act, 1944) and supervised by that Authority: 31 children were so reported during the year.

A number of young deaf and partially deaf children were provided during the year with very light-weight hearing-aids, a result of modern developments in amplifying equipment which have dispensed with the need for heavy batteries. To young children these aids present a great advance on the Medresco aid provided through the National Health Service.

Thirtynine delicate pupils were admitted to special schools for a term or more during 1957.

As in previous years, children handicapped by diabetes and epilepsy were reviewed to see whether they would benefit from a holiday organised by the Diabetic Association or the British Epilepsy Association. Two diabetic children were sent, but none of the epileptic children were in need of special holiday arrangements.

Of the 157 children who are ascertained as Physically Handicapped, no less than 84 are afflicted with cerebral palsy. Arrangements made for the latter are as follows:-

Attending Residential Special Schools	...	...	...	...	32	
" Spastic Units - Cosham	...	...	...	...	9	
Worplesden, Guildford	...	...	...	...	2	
Southampton (L.E.A.)	...	...	...	...	1	
Southampton (N.S.S.)	...	...	...	...	1	
" Treloar Hospital Special School..	...	...	...	...	10	
In hospital	...	...	...	...	1	
Awaiting admission to Residential Special Schools	...	...	...	...	8	(5 having
Home Tuition (not awaiting adm. to R.S.S.)	...	...	...	...	5	home
Attending ordinary school (with S.E.T.)	...	...	...	...	13	tuition)
Under review	...	...	...	...	2	
Total					84	

The number of Educationally Subnormal pupils awaiting placement in special schools still remains high (213). These are children of poor mental endowment who are failing to achieve even their own potential in the ordinary schools. Very often the home background is an important factor in this failure, and residential special schooling is therefore recommended. In particular there still remains with us the problem of the child who at 5 or 6 years old is not ready for school.

Thirty children were reported during the year under Section 57(3) of the Education Act, 1944, to the Local Health Authority as being ineducable within the school system on account of disability of mind: in 5 cases the parent appealed to the Minister: 3 appeals failed and 2 are outstanding. One child was reported under Section 57(4) of the Act.

HANDICAPPED PUPILS - 1957

Category	Ascertainment		Special Schools ^x						Number receiving special educational treatment in ordinary school
	New cases Ascertained during 1957	No. on Register 31.12.57.	Number recommended during the year for admission	Number admitted during the year	Number discharged during the year	Number attending on 31.1.58.	Number awaiting placement 31.1.58.		
Blind	2	19	2	2	3	15	4	-	
Partially sighted ...	5	41	3	6	5	23	4	15	
Deaf	1	40	1	-	4	39	-	-	
Partially Deaf ...	50	192	3	7	3	19	5	169	
Delicate	35	244	35	39	26	43	6	193	
Physically Handicapped	29	157	18	12	12	52	12	41	
Educationally Subnormal	286	1193	101	45	39	157	213	878	
Maladjusted	10	54	8	12	8	30	3	18	
Epileptic	6	38	6	4	7	12	3	22	
Speech Defective ...	-	2	1	-	-	1	1	-	
Total	424	1980	178	127	107	391	251	1336	

^x includes boarding houses or hostels: excludes Hospital Schools and Spastic Units

THE SCHOOL NURSING SERVICE

(Report by the Acting Superintendent Health Visitor)

STAFF

The School Nursing continues to be carried out in the County by the Health Visitor/School Nurses in every area except one; in this area, a School Nurse is employed entirely on school duties.

The Health Visitor gives 18% of her time to the School Nursing Service. The establishment has been increased by 9 during the year, which has allowed additional School Nurses to be placed in areas of growing population, e.g. Gosport, Fareham, Tadley and so on.

THE DUTIES OF THE SCHOOL NURSE

The duties of the School Nurse fall into three main categories:-

(1) The Medical Inspection, (2) The Hygiene Survey and (3) Home Visiting.

(1) The Medical Inspection

Her duties in connection with the School Medical Inspections consist of preparing the child for the examination, sight testing being the most important preparation carried out. The smooth running of the Medical Inspection rests on the organising ability of the School Nurse; she must see that each child is ready for the doctor; that his notes are to hand, and that there is no unnecessary delay or waiting; she must re-assure the five year old children, especially if the parents are unable to be present at the Inspection; she must control the exuberant spirits of the 11+ age group as they wait to be examined and overcome the shyness and other difficulties of the teenage school leaving group. At all times during the Inspection, she must give the parents help and advice and must explain and endorse when necessary the instructions given by the doctor.

Quite often, it is necessary for her to visit the homes of children examined after the Medical Inspection if the parents have not been able to attend, so that the treatment suggested, or the contact that should be made with the Family Doctor is explained, and the need pointed out.

The Health Visitor who has been in her area for several years knows the home conditions of the children, and can be of great assistance to the doctor and the teachers when discussing any particular child. She is also a known adult in the confusion possibly created in the child's mind when he is first medically examined, having visited him in his home, or seen him in his Clinic as a pre-school child.

(2) The Hygiene Survey

The second duty of the School Nurse is to carry out once a term a general Hygiene Survey of all children. She arranges to survey the children directly with the Head Teacher at the time most convenient to the school, and the survey is really a form of individual health teaching to each child. In the past, the survey was made with the aim of reducing the amount of vermin in the school; now the need for the School Nurse to concentrate on discovering vermin has become almost non-existent, and her time is spent far more profitably in promoting the general standard of cleanliness of the child, including skin, teeth, clothing, finger nails, and so on.

The following pattern is noted throughout the schools. During the first few years of school life, the average child is very clean and well looked after; the influence of the home and the parents is very marked. After three or four years of school life the children tend to become slightly grubbier, the hair not so bright and shining, the teeth become more dingy, the nails become black rimmed. This is the time when the child begins more and more to cut free from

his mother's apron strings, and despises soap and water; it then needs the concentrated effort of the School Nurse, the teaching staff and the parents to keep up the previous high standard of cleanliness. After battling for some years with this slightly sub-standard state, the child begins to take a greater interest in his appearance and listens to the School Nurse when she gives him individual instruction on care of hair, teeth, finger nails, and so on.

At this age, it is not unusual for the girls to ask the advice of the School Nurse on particular individual problems, e.g. a greasy skin, or dry brittle hair.

There is perhaps a tendency to feel that, at the Hygiene Survey, the School Nurse is wasting her time. If the only reason for visiting the schools is to investigate the existence or otherwise of vermin, then I think perhaps it is a waste of a trained Health Visitor's time to carry out these duties. If, however, the School Nurse carries out the duties as indicated above, she makes valuable contact with the child, and the importance of the individual health teaching given to the child cannot be over-stressed.

I would add that the majority of children do, throughout their school life, show evidence of an extremely high standard of personal care; they receive a well balanced diet, have plenty of rest, take pride in their personal appearance and seldom require the services of the School Nurse at any time during their school career; credit for this high standard must be given to the parents of this group of children.

(3) Home Visiting

The third duty of the School Nurse is to visit the school child's home either on behalf of the doctor in connection with the School Medical Examination of the child, or in connection with the poor standard of hygiene that she herself has found during her termly surveys. She will, on this home visit, discuss the problem, usually with the mother; if it is a teenage boy that is concerning her, she will endeavour to meet his father and discuss the problem with him, if she considers it is necessary.

By making these home visits, she is acting as co-ordinating officer between the Education Service, the Health Service, and the family. If necessary, and it is required either by the School Doctor or in consultation with the parents, she will visit the Family Doctor, and with his help, sort out any problems that may arise with which he is concerned.

HEALTH EDUCATION

I am indebted to the County Education Officer for the following report prepared by Dr. W. Wagland, County Lecturer in Health Education:-

"The pattern of work changes very little from year to year - leavers talks continue in schools still requiring them; new schools either plan their own programmes or enlist the help of the lecturer in health education pending their preparation; parents meetings increase and are well attended with a greater proportion of fathers than formerly; the two-year syllabus continues at King Alfred's College; a course organised for teachers of the Gosport Division was well attended; a series of three talks, similar to that given at the Technical College, Basingstoke, is now incorporated into the regular syllabus of the R.A.E. Technical College, Farnborough.

Two special points might be mentioned. At the request of the Ministry of Education greater attention is being paid to the problem of cigarette smoking among children. They are encouraged to think very carefully before commencing the practice which may become a habit associated with the increased incidence of lung cancer in later life. As the Ministry's report states " ... we must try to dispel the illusion - not uncommon among young people - that in the world outside school, abstinence is somehow unmanly while

indulgence is a sign of maturity and independence". (Ministry of Education Pamphlet (31) "Health Education"- p.112 - Drugs, Alcohol and Tobacco).

Appropriate literature, edited by the Central Council for Health Education, has been made available by the Principal School Medical Officer for distribution in the senior schools.

The second point concerns the anxiety felt by many parents and others responsible for the care and training of young people, of the effect on them of the increasing amount and type of sex information appearing in certain sections of the Press and other publications. The wide reading of these publications by children is revealed in their questions from which it is easy to identify the topic of the week. It is unfortunate that embellishment with much unsavoury and unnecessary detail makes the information which, in itself could be useful to young people, appear so sensational and unbalanced as to minimise or destroy the good it might otherwise do.

Serious efforts therefore should be made to counteract the erroneous ideas which may be engendered in the impressionable minds of young people, especially those of the 15/20 group, by these sources of information. Many of these groups would have been reached by the County Colleges scheme. Until this materialises the Youth Service is well equipped to carry out what may be regarded as a useful piece of preventive medicine. All its training programmes, especially those for youth leaders and senior members, might well provide opportunity for discussion not so much on the factual side which should be covered by the schools, but on those important implications of personal relationships - marriage, family life and home making on the stability and permanence of which rests the foundation of our national life and health.

It has been a great pleasure to spend another year as a team member with those many people who seek to maintain the health of the children and young people whom it is a privilege to meet in our schools and elsewhere."

The school medical and nursing staff continue to make their valuable contribution to health education in their personal contacts with parents and children in the schools, clinics and homes. I referred in my last report to the special efforts which are directed towards rehabilitating "Problem Families". There were 22 families with children of school age who in 1957 were the subject of co-ordinated conferences between the various social workers, including the school medical and nursing staff, concerned with different aspects of family welfare.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS INTO TEACHERS' TRAINING COLLEGES

During the year a total of 203 candidates for entry into Teachers' Training Colleges were examined, the medical classification being:-

	<u>A.1</u>	<u>A.2</u>	<u>B.1</u>	<u>B.2</u>
Males	36	12	1	1
Females	106	45	1	1

Fifty-two entrants to the Teaching profession were also examined, and classified medically as follows:-

	<u>A.1</u>	<u>A.2</u>	<u>B.1</u>	<u>B.2</u>
Males	14	6	2	1
Females	19	8	1	1

(Candidates are classified as A.2 if they are in good health but have defects which are not likely to interfere with efficiency in teaching; as B.1 if they have defects which are likely to interfere to some extent with efficiency in teaching but are not serious enough to make the candidate unfit for the teaching profession; and as B.2 if they are temporarily in subnormal health but may, under treatment, make good recovery.)

X-ray examination is required for all entrants to Training Colleges and newly qualified entrants to the profession, and is arranged whenever possible at Mass Radiography Units and prior to the medical examination. During the year under review 214 such X-ray examinations were arranged, the remaining candidates having been X-rayed within the previous 12 months. X-ray examination is not however at present a condition of appointment for teachers who have held previous teaching appointments.

It has been asserted that a great many of the candidates for entry to the teaching profession are subsequently rejected as unsuitable on grounds other than medical. If this be true, a considerable saving of medical time could be effected by deferring the medical examination till a later stage in the selection procedure.

SCHOOL MEALS AND MILK

I am indebted to the County Education Officer for the following information:

SCHOOL MEALS

"During the year 260 departments were supplied with meals cooked on their own premises and 174 departments with container meals from other Schools or Cooking Depots.

The daily number of meals provided in each of the last six years (as determined on a sample day in the Autumn Term of each year) was:-

1952	51,648	1955	56,113
1953	48,094	1956	57,951
1954	50,448	1957	53,700

Of a total of 95,315 day pupils attending school on a day in November, 1957, 53,700 took a school meal. As a result of three successive price increases imposed by the Ministry of Education between September, 1956 and April, 1957, the demand for school meals was reduced by approximately 12% during the Summer Term 1957 but, with the arrival of the colder weather, the demand recovered to some extent during the Autumn Term and the percentage demand for November, 1957 was 56.3% compared with 63.2% for October, 1956.

Seven Cooking Depots continued to operate, the outputs being as follows:-

Andover	250	Portchester	1400
Basingstoke	2100	Portsdown	800
Chandlersford	1500	Romsey	700
Winchester			1000

A conference of Head Teachers, Supervisors and Cook Supervisors was held during a weekend of September, 1957. The meeting was arranged jointly with the Bournemouth, Isle of Wight, Portsmouth, Reading and Southampton Authorities. The number of delegates attending from Hampshire was 54. The lectures and discussions covered most aspects of the service and it was generally agreed that a great deal of value was gained from the course.

It has been possible to use a kitchen in Winchester as a training kitchen at which Cooks, Assistant Cooks and Kitchen Helpers receive a four-weekly course of instruction in a wide variety of subjects relevant to their work. Included in the syllabus is a talk by the chief Public Health Inspector for the city of Winchester. Approximately 45 members of staff attended the course during the year.

In addition, it was possible to arrange local courses under the aegis of the Area School Meals Organisers. One course was held at Aldershot for kitchen staff working in the Aldershot and Basingstoke areas and the second at Alton for the staff in that area. It is hoped that it will be possible to organise such meetings in all areas.

SCHOOL MILKa) Non-Maintained Schools

176 non-maintained schools were supplied with milk, 173 being afforded a pasteurised supply and 3 a tuberculin tested supply. On a day in November 10,424 pupils (85.5%) took milk in school.

b) Maintained Schools

The following table shows the number of maintained schools and pupils receiving the various grades of milk on a day in November, 1957.

	<u>Pasteurised</u>		<u>T.T.</u>		<u>Total</u>
	<u>No.</u>	<u>%</u>	<u>No.</u>	<u>%</u>	
<u>Nursery</u>	1	100	-	-	1
<u>Primary</u>	354	97	11	3	365
<u>Secondary</u>	67	98.5	1	1.5	68
	422	97.2	12	2.8	434

Number of children receiving milk in these Schools

No. of children receiving milk in these schools	Pasteurised		Tuberculin Tested		Total	
	No.	%*	No.	%*	No.	%*
Nursery	35	100	-	-	35	100
Primary	55,265	88.5	681	1.1	55,946	89.6
Secondary	19,532	58.8	150	0.4	19,682	59.2
Total	74,832	78.2	831	0.9	75,663	79.1

* percentage of children in attendance at School on the day of the return."

There were two outbreaks during the year of food-poisoning in which the evidence pointed to a school meal as the vehicle of infection (see p. 30).

SCHOOL HYGIENE AND SANITATION

Water supplies to schools which have no main supply are sampled twice yearly or more often when necessary. Since 1956, 9 schools have been connected to a main supply and at the end of 1957, 11 schools were without.

The 26 samples taken during 1957 were all satisfactory.

Sanitary provision - by the end of the year there remained 117 schools (28 of them "Aided") with conservancy disposal: 27 were provided with water-borne sanitation during the year. The Authority decided in 1957 to embark upon a programme of work which would result in providing water-borne sanitation within three years for all but seven of the County and Controlled schools. These seven are, with one exception where there are particular difficulties of soil and site, to be replaced by new schools within the next ten years. The authorities responsible for Aided schools were asked to take similar action. This is a most encouraging development and will remove conditions which have been a constant threat to the health of the children.

No less important is the provision of adequate handwashing facilities and the encouragement of children to wash their hands thoroughly after using the toilet. This is the most effective point at which to break the chain of

infection of diseases of the dysentery group. Handwashing does not, however, appear to be a natural instinct in the average school child, and its inculcation as a habit calls not only for continuous drilling by both parents and teachers, but also for the provision of physical facilities that make it reasonably pleasant and effective. These include hot water, soap, nail-brushes, and individual towels. It is pleasing to see that these amenities are being provided to an increasing degree.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREA

Dr. J. Craig Lindsay, Divisional School Medical Officer for Aldershot and Farnborough Area, reports as follows:

"The report for 1957 on the School Health Service in this area is one of uninterrupted routine work, all of which undoubtedly contributes to the raising of the standard of health of the child in school.

From an epidemiological point of view, the wave of influenza of the so-called Asian variety took its toll in absenteeism in the schools of the area during the months of September and October. No specimens for virus identification were actually taken from school children but specimens from adults in the area were identified as being of the Asian type which was so prevalent over the whole country at the time. In Farnborough the maximum peak was reached on the 25th September when 26% of the children were absent. In Aldershot the maximum peak was reached on 10th October, 1957 when 34% of the children were absent. Fortunately the disease attacked the children in the family first, thus the parents were more or less free from the infection and able to nurse the children at home. There was no record of a child being admitted to hospital either with influenza or subsequent broncho-pneumonia arising from such an infection. Speaking generally, the disease was mild in its clinical manifestations and no permanent damage to any child is recorded.

So far as the work of the School Health Service is concerned, this went on much the same as in previous years. One criticism of our present procedure might lie in the fact that the intermediate age group child is subjected to periodic medical examination at the age of eleven i.e. after the pupil has arrived at the secondary modern or grammar school. One would have thought that the disturbance to the child and to the school work would be less at the age of ten, at which age the child is still at the primary school where the teacher's report and knowledge of the child's medical history would be of more value to the inspecting medical officer.

Looking at the figures for the Divisional area as a whole, it is always interesting to compare those for Aldershot and Farnborough. It is noted that the number of children referred from periodic medical inspections for treatment for eye defects is still higher in Aldershot being 99 in 1015 children examined; whereas Farnborough shows 76 in 1128 children examined. This difference was noted last year but so far the explanation has eluded us.

The comparative figures for postural and similar defects found at periodic medical inspections are also shown in the following table:-

Entrants	-	observation for vision	Farnborough	58
			Aldershot	121
Leavers	-	observation for vision	Farnborough	18
			Aldershot	34
Leavers	-	treatment for vision	Farnborough	18
			Aldershot	38
Leavers	-	treatment for feet	Farnborough	8
			Aldershot	41
Leavers	-	treatment for posture	Farnborough	19
			Aldershot	43

The policy of popularising the School Health Service amongst the consultant staff of the Hospital Service and the general practitioners of the area was maintained. Free exchange of ideas and frequent meetings between medical staff must result in the attainment of our common target - the highest possible standard of health in the school child."

GOSPORT DIVISIONAL AREA

Dr. P. V. Pritchard, Divisional School Medical Officer for Gosport, reports as follows:-

"Not only in my School Medical Inspections but in my every day observations I note the prevalence of poor posture in children of both sexes and all ages. Too little attention is paid to these defects and too much faith is placed in the issue of leaflets.

Our leaflets on the treatment of these, so called, Minor Orthopaedic defects are good. I have the advantage of running a Minor Orthopaedic Clinic and deal with many cases who have been given leaflets in the early days of diagnosis at a School Inspection and who have failed to improve. I can count on my fingers, and have some to spare, the number of persons who have correctly followed the instructions. This number is out of hundreds who have been "treated" by a leaflet. This is, in my opinion, a waste of effort and expense. Treatment should in all cases be by personal demonstration which must be repeated to ensure accuracy after a short interval. There is need for a greater allocation of treatment time in the School Health programme and a recognition that the title 'Minor' is not strictly correct. These defects can and do effect the child's health and progress and future prospects - socially, domestically and financially - in a Major way."

NAME AND ADDRESS OF CLINIC	MINOR AILMENT	DENTAL (By Appointment)	OPHTHALMIC (f) ORTHOPTIC (e) (By Appointment)	MINOR ORTHOPAEDIC CLINICS	SPEECH THERAPY (By Appointment)	CHILD GUIDANCE (By Appointment) P.: PSYCHIATRIST E.P.: EDUCATIONAL PSYCHOLOGIST S.W.: SOCIAL WORKER	AUDIOMETRY (By Appointment)
ALDERSHOT St. Georges Road East	Daily a.m. except Sat.	Daily except Sat. a.m.			Tues. a.m. & p.m. Weds. a.m. & p.m. Thurs. p.m. Fri. a.m. & p.m.		1st Thurs. a.m.
Manor Park			Thurs a.m. & p.m. (f)			Mon. a.m. & p.m. (P. & S.W.) Weds. a.m. (S.W. & E.P.)	
Aldershot Hospital			Weds. a.m. (e)				
ALTON General Hospital,			4th Fri. a.m. & p.m. (f) Tues. a.m. & p.m. (e)		Mon. p.m.		
Lord Mayor Treloar Hospital,					Mon. a.m., Fri. a.m. & p.m.		
Secondary Modern School		As required					
ANDOVER Health Clinic, 70, Junction Road	Wed. a.m.	As required incl. certain evenings	2nd & 3rd Tues. a.m. & p.m. (f)		Weds. a.m. & p.m.	Tues. a.m. (P. & P.S.W.—E.P. alt. weeks)	As required
War Memorial Hospital			Weds. a.m. & Fri. a.m. (e)				
BASINGSTOKE Health Clinic, Brambllys Grange	Fri. a.m. (E.N.T. cases on 4th Fri. only)	Daily & alt. Sat. a.m.	1st & 2nd Weds. a.m. & p.m. (f)		Mon. a.m. & p.m. Thurs. a.m.	Tues. a.m. & p.m. (P. & S.W.—alt. Tues. p.m. E.P.)	4th Fri. a.m.
Basingstoke & District Hospital			Mon. a.m. & p.m. & Weds. p.m. (e)				
BROCKENHURST Dental Clinic, Brookley Road		As required					
CHRISTCHURCH Health Clinic, Millams Street	1st & 3rd Thurs. a.m.	Tues., Fri. & as required also certain evenings	3rd Fri. a.m. & p.m. (f)		Mon. a.m. Thurs. a.m. & p.m. Fri. a.m.		As required
EASTLEIGH Health Clinic, The Red House, Romsey Road	Fri. a.m.		4th Tues. a.m. & p.m. (f)			Thurs. p.m. (P. & P.S.W.) Mon. a.m. (P.S.W. & E.P.)	As required
Health Clinic, Chamberlayne Road		Daily & alt. Sat. a.m., also certain evenings					
FAREHAM St. Christopher's Hospital			1st Tues. a.m. & p.m. (f) 2nd Fri. a.m. & p.m. (f)				
Health Clinic, Flying Angel	1st & 3rd Fri. 9.15-10.15 a.m.	Mons., Weds. & Frid.		3rd Weds. a.m.	Mon. a.m. & p.m. Tues. a.m. Thurs. a.m. & p.m.		As required
FARNBOROUGH St. Mark's Hall	Tues. a.m.	As required					
FLEET 198, Fleet Road		As required					
GOSPORT The Gables, Spring Garden Lane							
Holbrook Health Clinic		As required					
School Clinic, 2, Stoke Road	Daily a.m. except Sat.	Mons., Tues. & Thurs.		2nd Tues. a.m.	Tues. p.m., Weds. & Fri. a.m. & p.m.	Weds. a.m. & p.m. (P. & P.S.W.) Thurs. a.m. & p.m. (E.P. & alt. P.S.W.)	2nd Weds. p.m.
HAVANT Health Clinic, Park Way	Fri. a.m.	As required	Mon. a.m. (f)		Weds. & Thurs. a.m. & p.m.		As required
LYMINGTON Health Clinic, Hillcroft, New Street	Tues. a.m.	As required	3rd Weds. a.m. & p.m. (f)		Mon. p.m.	Fri. a.m. & p.m. (P. & P.S.W. + E.P. fortnightly a.m.)	As required
PETERSFIELD Health Clinic, Love Lane		As required	3rd Mon. a.m. & p.m. (f)		Tues. p.m.	Thurs. a.m. (P. & P.S.W.)	As required
RINGWOOD 18-20, Market Place		As required			Fri. p.m.		
ROMSEY Church House	1st & 3rd Thurs. 9.15-10.15 a.m.	As required on Tues., Weds. & Fri.	2nd Mon. a.m. (f)				As required
Romsey and District Hospital							
SOUTHAMPTON 18, Archers Road					Weds. a.m. & p.m.		
TOTTEN Health Clinic, Rumbridge Street	1st & 3rd Tues. a.m.	Mons., Tues., Thurs. & Fri.	4th Weds. a.m. & p.m. (f)		Tues. a.m. & p.m.		As required
WINCHESTER Trafalgar House			4th Mon. a.m. & p.m. (f) 2nd Mon. p.m., 1st Fri. a.m. & p.m. (f)		Mon. & Fri. a.m. & p.m., Tues. a.m.	Thurs. a.m. & p.m. (P. & a.m. only P.S.W.) Fri. a.m. & p.m. (P. & P.S.W.) Mon. p.m. (P.S.W. & E.P.)	
R.H.C. Hospital			Thurs. a.m. & p.m., Fri. p.m., Sat. a.m. (e)				
School Clinic, 4, The Square	Daily 9-10 a.m. except Sat.	Daily also certain evenings					As required

N.B.—8 Mobile Clinics are also used by the School Dental Service and there are the following premises where clinics are held as required (by appointment):

Alresford—Mr. Inge's Surgery	Netley—British Legion Hall	Stock Heath C.P. School (also certain evenings)
Ashley C.P. School	Portchester—Manor House C. Infants School	Totton Grammar School
Fordingbridge C.S.M. School	Salisbury—British Legion Hall	Waterlooville C.P. School (also certain evenings)

STATISTICAL COUNTY TABLESTABLE IMedical Inspection during 1957

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Additional Periodic Exam'tions	Grand Total	Special Examinations	Re-Exam'tions
12,029	6,366	5,000	23,395	149	23,544	3,259	26,555

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)		For any of the other conditions recorded in Table II A		All Conditions	
	No.	% of No. examined	No.	% of No. examined	No.	% of No. examined
Entrants	504	4.2	1,856	15.4	2,342	19.5
Second Age Group	512	8.0	1,042	16.4	1,504	23.6
Third Age Group	341	6.8	611	10.2	937	18.7
Additional Periodic Exams.	5	3.4	17	11.4	22	14.8
Total	1,362	5.8	3,526	14.9	4,805	20.4

TABLE II

(A) Analysis of Defects found at Periodic and Special Inspections in the year ended 31st December, 1957

Defect or Disease	Periodic Inspections — Age Groups												Additional Periodic Inspections				Special Inspections							
	ENTRANTS: No. 12,029				INTERMEDIATES: No. 6,366				LEAVERS: No. 5,000				TOTAL: No. 23,395				No. 149				No. 3,259			
	No. of Defects				No. of Defects				No. of Defects				No. of Defects				No. of Defects				No. of Defects			
	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000	Requiring Treatment per 1,000	Requiring Observation per 1,000	Requiring Inspection per 1,000	Inspection per 1,000
Skin	105	8.7	187	15.5	96	15.1	106	16.7	96	19.2	98	19.6	297	12.7	391	16.7	2	13.4	—	175	53.7	28	8.6	
Eyes—(a) Vision	504	41.9	1,429	118.8	512	80.4	532	83.6	341	68.2	346	69.2	1,357	58.0	2,307	98.6	5	33.6	11	262	80.4	101	31.0	
(b) Squint	193	16.0	215	17.9	33	5.2	45	7.1	15	3.0	22	4.4	241	10.3	282	12.1	1	6.7	—	15	4.6	11	3.4	
(c) Other	24	2.0	77	6.4	13	2.0	48	7.5	12	2.4	38	7.6	49	2.1	163	7.0	1	6.7	—	56	17.2	12	3.7	
Ears—(a) Hearing	73	6.1	197	16.4	38	6.0	83	13.0	18	3.6	45	9.0	129	5.5	325	13.9	—	—	3	60	18.4	147	45.1	
(b) Otitis Media	21	1.7	109	9.1	7	1.1	14	2.2	4	0.8	21	4.2	32	1.4	144	6.2	—	—	—	4	1.2	6	1.8	
(c) Other	54	4.5	208	17.3	54	8.5	53	8.3	31	6.2	25	5.0	139	5.9	286	12.2	1	6.7	—	81	24.9	8	2.5	
Nose and Throat	375	31.2	2,540	211.2	80	12.6	544	85.5	35	7.0	183	36.6	490	20.9	3,267	139.6	—	—	—	94	28.8	175	53.7	
Speech	83	6.9	308	25.6	5	0.8	46	7.2	7	1.4	14	2.8	95	4.1	368	15.7	2	13.4	—	113	34.7	104	31.9	
Lymphatic Glands	97	8.1	860	71.5	22	3.5	194	30.5	6	1.2	39	7.8	125	5.3	1,093	46.7	—	—	—	—	—	23	7.1	
Heart	8	0.7	142	11.8	2	0.3	87	13.7	8	1.6	50	10.0	18	0.8	279	11.9	—	—	—	1	0.3	10	3.1	
Lungs	44	3.7	448	37.2	18	2.8	130	20.4	4	0.8	56	11.2	66	2.8	634	27.1	—	—	—	6	1.8	23	7.1	
Developmental—(a) Hernia	13	1.1	27	2.2	—	—	5	0.8	2	0.4	2	0.4	15	0.6	34	1.5	—	—	—	1	0.3	1	0.3	
(b) Other	8	0.7	134	11.1	6	0.9	38	6.0	3	0.6	14	2.8	17	0.7	186	8.0	—	—	—	1	0.3	9	2.8	
Orthopaedic—(a) Posture	158	13.1	162	13.5	290	45.6	202	31.7	186	37.2	137	27.4	634	27.1	501	21.4	3	20.1	3	77	23.6	31	9.5	
(b) Feet	441	36.7	461	38.3	297	46.7	204	32.0	175	35.0	136	27.2	913	39.0	801	34.2	2	13.4	1	122	37.4	43	13.2	
(c) Other	217	18.0	849	70.6	109	17.1	270	42.4	52	10.4	196	39.2	378	16.2	1,315	56.2	3	20.1	—	42	12.9	84	25.8	
Nervous System—(a) Epilepsy	5	0.4	30	2.5	3	0.5	6	0.9	1	0.2	1	0.2	9	0.4	37	1.6	—	—	—	4	1.2	2	0.6	
(b) Other	6	0.5	61	5.1	1	0.2	27	4.2	2	0.4	12	2.4	9	0.4	100	4.3	—	—	1	3	0.9	6	1.8	
Psychological—(a) Developmental	11	0.9	96	8.0	6	0.9	32	5.0	—	—	5	1.0	17	0.7	133	5.7	—	—	—	7	2.1	5	1.5	
(b) Stability	27	2.2	385	32.0	11	1.7	123	19.3	3	0.6	29	5.8	41	1.8	537	23.0	—	—	1	19	5.8	33	10.1	
Abdomen	3	0.2	33	2.7	1	0.2	15	2.4	—	—	2	0.4	4	0.2	50	2.1	—	—	—	1	0.3	5	1.5	
Other	77	6.4	255	21.2	29	4.6	149	23.4	23	4.6	75	15.0	129	5.5	479	20.5	2	13.4	5	153	46.9	79	24.2	
Menstruation *	—	—	—	—	9	2.8	15	4.7	7	2.8	24	9.6	16	1.4	39	3.3	—	—	—	1	0.6	—	—	

* The incidence per 1,000 inspections has been calculated on the assumption that half the children inspected were girls.

(B) Classification of the Physical Condition of Pupils During the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants ...	12,029	12,006	99.81	23	0.19
Intermediates ...	6,366	6,357	99.86	9	0.14
Leavers ...	5,000	4,997	99.94	3	0.06
Additional Periodic Inspections	149	149	100.00	—	—
Total ...	23,544	23,509	99.85	35	0.15

TABLE III

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

		<u>1956</u>	<u>1957</u>
1. Number of pupils inspected by the Authority's Dental Officers:			
(a) Periodic Age Groups		54,073	61,207
(b) Specials		<u>4,029</u>	<u>3,923</u>
	Total (1)	<u>58,102</u>	<u>65,130</u>
2. Number found to require treatment ...		44,293	49,533
3. Number offered treatment		42,408	47,400
4. Number actually treated		29,198	31,659
5. Number attendances made by pupils for treatment including those recorded at Heading 11 (h)		63,241	65,716
6. Half days devoted to: Inspection ...		476	537.5
	Treatment	<u>8,424</u> ϕ	<u>8,393.5</u> ϕ
	Total (6)	<u>8,900</u>	<u>8,931</u> ϕ
7. Fillings: Permanent Teeth		36,245	36,047
	Temporary Teeth	<u>8,186</u>	<u>10,125</u>
	Total (7)	<u>44,431</u>	<u>46,172</u>
8. Number of teeth filled: Permanent Teeth		32,267	32,070
	Temporary Teeth	<u>7,964</u>	<u>9,241</u>
	Total (8)	<u>40,231</u>	<u>41,311</u>
9. Extractions: Permanent Teeth		5,630 *	6,030 *
	Temporary Teeth	<u>22,319</u> *	<u>21,274</u> *
	Total (9)	<u>27,949</u> *	<u>27,304</u> *
10. Administration of general anaesthetics for extractions		10,746	10,345
11. <u>Orthodontics</u>			
(a) Cases commenced during year		505	450
(b) Cases carried forward from previous year		255	328
(c) Cases completed during the year ...		303	242
(d) Cases discontinued during the year		129	88
(e) Cases transferred to Specialist ...	Not available		68
(f) Pupils treated with appliances ...		706	721
(g) Removable appliances fitted		462	478
(h) Fixed appliances fitted		-	-
(i) Total attendances		4,328	4,966
12. Number of pupils supplied with artificial dentures		138	101
13. Other operations: Permanent Teeth ...		8,892	9,825
	Temporary Teeth	<u>11,127</u>	<u>10,010</u>
	Total (13)	<u>27,219</u>	<u>19,835</u>

* Of these 482 permanent and 796 temporary teeth were extracted for orthodontic reasons; the numbers for the previous year being 751 and 1,027.

ϕ Of these 743 were general anaesthetic sessions attended by a second Dental Officer (477) or by a Medical Officer (266) acting as anaesthetist.

ALDERSHOT AND FARNBOROUGH DIVISIONAL AREATABLE IMedical Inspection during 1957

School Population (number on roll): 9,165 (September, 1957.)

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Totals	Special Examinations	Re-Exam'tions
1244	412	487	2143	Nil	2143	493	2864

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	59	284	333
Second Age Group	60	119	164
Third Age Group	56	100	143
Grand Total	175	503	640

Classification of the General Condition of Pupils Inspected During the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1244	1241	99.76	3	0.24
Intermediates	412	411	99.76	1	0.24
Leavers	487	486	99.79	1	0.21
Total	2143	2138	99.77	5	0.23

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 20,523
- (ii) Total number of individual pupils found to be infested 94
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) 1
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

GOSPORT DIVISIONAL AREA

TABLE I

Medical Inspection of pupils attending
Maintained Primary and Secondary Schools during 1957

School Population (number on roll): 10,406 (September, 1957)

A. Periodic Medical Examinations						B. Other Medical Examinations	
Entrants	Second Age Group	Third Age Group	Totals	Number of other Periodic Exam'tions	Grand Totals	Special Examinations	Re-Exam'tions
955	410	123	1488	Nil	1488	606	2567

C. Pupils found to Require Treatment

Number of individual pupils found at periodic medical examination to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint)	For any of the other conditions recorded in Table II A	All Conditions
Entrants	47	102	149
Second Age Group	30	94	124
Third Age Group	9	11	20
Grand Total	86	207	293

Classification of the General Condition of Pupils Examined during the Year in the Age Groups

Age Groups	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col.2	No.	% of Col.2
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	955	937	98.1	18	1.9
Intermediates	410	404	98.8	6	1.2
Leavers	123	123	100.0	-	-
Total	1488	1464	98.4	24	1.6

Infestation with Vermin

- (i) Total number of examinations in the schools by the school nurses or other authorised persons 26,630
- (ii) Total number of individual pupils found to be infested 67
- (iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) Nil
- (iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

